STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	2	4	6
6na	U	0	1
REG.	NO.		

	1. DEC	CEASED NAME FIR	RST		AIDDLE		AST	20 DATE OF			YEAR	26 HOUR
		BOBBIE		JACK		ALLDR		Augu		<u> </u>		
	3 SEX	Male	4. RA	ACE Whit		S. DATE C	OAY YEAR		ARS LAST BIRTHDAY)	25, 1987 8:2 ST BIRTHDAY) IF UNDER TYEAR IF UND YRS ITY OR COUNTY OF DEATH REFORD PATION PATION	HOURS MI	
	7. DU	RTHPLACE (STATE OR FOREI	21. 6		WHAT COUNTRY	May	23, 1932	55 BALTIMOR			ATH	
	/0 51	Texas	GN /6 C	U.S		MARRIE	D NEVER MARRIED					
7	10 CI	TY OR TOWN OF DEATH	11.	NAME OF I	HOSPITAL, NURS		OR OTHER INSTITUTION				KINDO	F BUSINESS (
C		Edgewood	1	717 D	Fount	ainro	ck Way	Ana	lyst	ING LIFE IND	Cons	sultir
3	13a. S N	laryland	COUNTY Harf		IN CHY OR TO Edgew	ore admission) ood	134. INSIDE CITY LIMITS?		D Four	code ntainr	ocl	21040 K Way
2		THER'S NAME	Demmo	nd	All'd'r	edge	IS. MOTHER'S MAIDEN NA Annie		well	Ва	rn	Field
1	V	VAS DECEASED EVER IN L	J.S. ARMED YES. GIVE WAR Korea		166. SOCIAL SEC 445-28-		Donna L. Alle	dredge	1717 F Edgewo	oa, Ma	LAT	ana
ent, the	-	18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED BY	1	linetor (9, 16)	mole 1	u monton	A	LEES T	- 01	APPROXI	MATE INTERVAL ONSET AND DEAT
raumatic ev		Conditions, if ony, what gove rise to immedi	nich (* AFRICA	JENCE OF	ecisions	of	Lus	VG-	2	y A
ar other		cause (a), stating underlying cause li	the ost.	(c)	R AS A CONSEC							
ljury,	2	PART 2 OTHER SIGNIFE	CANT CON	DITIONS <u>CO</u>	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE	OR CONDITIO	N GIVEN IN F	ARLIE	
X	CERTIFICATION	19a DATE OF OPERATION	,	I% COND	TION FOR WHI	CH OPERATIO	IN WAS PERFORMED	294 AUTO				
	1000000	The ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (WEITHER NOTIFE INDICALE	E OF DEATH	216 TIME O HOUR A.	M. MONTH	DAY YEAR	SIL HOW INJURY OCCUR	RED (ENTER NAT	agle remark or the	M IN PART COL	FART 21	1 1
1	MEDICAL	214 INJURY OCCURRED	AMPRIL .	21e. PLACE	-	naviore d	TH LOCATION		circostown	200	pere	11911
And a	×	Mon D wow L		CAT HOME SH	BIL PALIDAY CHAL	d	120 M	12	01/	10	2	1
21 /1 mg	3	12s I certify that (b) the tow fee becomed a observed didy	houseful)	Jundag 1	deceased from	V	nd that is (my) (out) opinion	death occurred	on the date on	d hour and to	om the	du (II (Jahr)) couses shated
T, if hern	S	WE SIGNAPORE	de	n	X	U	ATTENDING PHYSICIAN	DEDICAL DIRECTOR	STAFF PHYSICIAN [8/2	3/17
PORTAN	1	JO AN	P	ED	WARDS	W	The ADDRESS (2)	trust	my	wo -	1	047
2	23a. 8	SURIAL CREMATION, REA	(P. 630) (L. 11)	3h DATE			EMETERY OR CREMATORY	734 LOCA	M OFFICE	EQUAL		STATE
-	14.5	BURIAL	A	ug.29	, 1987	okesbu	ry Meth Ch Ce	m. Abi	ngdon	Hario	rd	Maryl
7/84	G-35	INERAL DIRECTOR			×00000	n ada-	, Maryland	Z 9 .13	Ol The	(Staven)	in Kin	Leaving .
)	H(oward K. M	CCOM	as II	I ADI	ngaon	, Maryiqua					

DHMH - 16 60M 7/8 (VRA 15, 4)

BP

AU8 28

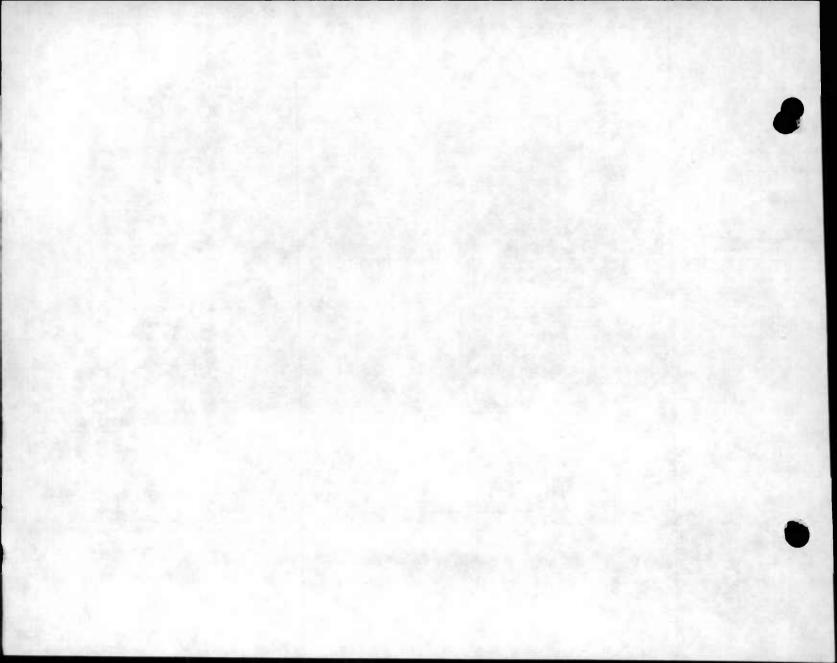
1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 3 6 3 2

SACE SI DATO BRITH SACE SI DATO BRITH SACE SAC	4			REGISTRAR				REG. NC		4
BRITHERA (STATICH FOR COM. 1) S. DATE OF BRITH NOV. 29 1890 S. AGE STATAS LALI BETTERA SOURCE STATE SOURCE SOURCE STATE SOURCE STATE SOURCE SOURCE STATE SOURCE SOURCE STATE SOURCE SOURCE SOURCE STATE SOURCE	2,93,31	AUG	17	87 ED NAME FIRST	MIDDLE	IP A	((iSDA/	20. DATE OF DEATH	51 . 2 51	7 5 HOUR
Milite Nov. 29 1898 Nov. 29 1898 Satismore city of county of death Maryland USA Woover the more city of county of death Woover the more city of county	0 00		1.58			5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRT	0 0	AR IF UNDER 24
MARRIED NEVER MARRIED NEVER MARRIED MARRIED MARRIED MARRIED MARRIED MARRIED MARRIED MARRIED MARRIED MARY MARRIED MARRIED	4 94	15		m	White	Nov	29°1898 YEAR	88		S HOURS A
Maryland III. CHYO R TOWN OF BEATH III. NAME OF HOSPITAL NUBSING HOME OR OTHER INSTITUTION (If YOR I SUCHLACATION ISTREE ARRESTS AND IN THE ARR	2 63 4	37	78. 8	IRTHILACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8		9 BALTIMORE CITY OF		
THE OWN ONLY FROM THE STORY OF STREET ADDRESS / ZIP CODE STATE A LINE STATE OF STREET ADDRESS / ZIP CODE MAZYLAND HATFORD HATFORD HAVE de Grades XX NO 10 Mercury Court, 21078 HATFORD HAVE de Grades XX NO 10 Mercury Court, 21078 HATFORD HATFOR	The Table	5		Maryland	USA			HAK-	toen	
The Staff Maryland Harford Harve de Grabessx Molecular Molecula	1/6	3	10 C	or town of DEATH			or other institution		WORKING LIFET INDUSTR	of BUSINESS mbing
James Isaac Allison Ann Jane Jones Isaac Allison Ann Jane Allison Ann Jane Jones Isaac Allison Ann Jane Ann Jane Allison Ann Janes Isaac Allison Ann	10	6	10000	TATE 13b COL	JNTY 136 CITY	ence béfore admission) OR TOWN Te de Gra	13d INSIDE CITY LIMITS?	136 STREET ADDRESS / 101 Mercur	zip code cy Court, 2	1078
James James James James Johns James Johns James Johns Johns James Johns Jo	1 10 4	3	14. F		WIDDLE	LAST				LAST
CAUSE OF DEATH Enter only one couse per line for (a), to under the part of t	2 1/4	U		James Isa		ison		-	Jone	S
CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c)	1	-	160			IAL SECURITY NO.	17 INFORMANT	ADDRE	S	1
International County Conditions Condit	a not be	/	1	(IF YES, C	212	2-16-2473	JeanW. Fink	101 Mercury	Court, Hde	G. Md.
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (WE LITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY OFFICE FARM EIC 211. LOCATION STREET CITY OR TOWN COUNTY 220. I certify that (I) (this haspital) attended the deceased from 19 19 19 19 19 19 19 1	the flow majories that the periods on the second has been signed by the other reserver. Their places immove to expense to be only committee.	9	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A (c)	DISEQUENCE OF TING TO DEATH BUT	PNOT RELATED TO THE TERM	200 AUTOPSY?	20b IF YES, WERE FINE IN CERTIFYING CAUS	DINGS USED
saw the deceased alive an obave, (1) (we) (did) (did nat) view the bady after seath 226. SIGNATUTE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR	NG PHYSICIAN TO cateciding obysics the this certificate on the burind transfer th and Mereld Hysio- crited on term 18 shi	9	MEDICAL CER	OR CONTRIBUTING CAUSE OF CONTRIBUTION CONTRI	HOUR A.M. MO P.M. 21e PLACE OF INJUR (AT HOME STREET FACTO	NTH DAY YEAR 19 RY RY OFFICE FARM ETC.)	211 LOCATION			STAT
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 226 DATE SIGNED 227 DATE SIGNED 227 DATE SIGNED 228 ADDRESS	No a special							, ta		, that (I) (we)
22d PHYSICIAN'S NAME (1YPE OR PRINT) 22e. ADDRESS 23a. RIIRIAL CREMATION DEMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	to DARECTO to DARECTO resolved for its Dept of			abave, (1) (we) (did) (did i	Man view the bady after de	ath	DEGREE ATTENDING	MEDICAL STAF	22c DA	
Rumal 18/13/87 I State Ridge I Delta Tork I	TO HOSPITA retained by TO FUNERA should be the with the State	1	230	BURIAL CREMATION REMOVA	AL 23b. DATE		22e. ADDRESS EMETERY OR CREMATORY	23d LOCATION		Pa
24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE	BP				0/13/0/	prace :				
	(VRA 15, 4)	-	Ha	arkins Funeral	Home.Inc 600	Main St.	.Delta .Pakin	1 / 1007	· ~ · ·	

Void Death Certificate #87-23633



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTACHYGIENE
CERTIFICATE OF DEATH

2303

0623444	UG-	FOR STATE RIGUTTAR				CERTIFI	CATE OF D	177		2 3 REG. NO.	5 3	64
9 E E		ORPRINT)	FIRST		WIDDLE	0	.Šī	20	20 DATE OF D	EATH MONTH	DAY YEA	26 HOUR
page 3	3. SE		Jess	RACE	G	5. DATE O	E RIRTH		AGE (IN YEAR	S LAST BIRTH AY)	7 / Y 8	YEAR IF UNDER 24 HRS.
ofte.	J. J.	Male		White		MONTH 7	Z ^{PAY}	12	75		MONTHS D	AYS HOURS MIN.
P P P P		RTHPLACE (STATE OR	FOREIGN 71		WHAT COUNTRY	(? 8	NEVER M				JNTY OF DEAT	н
death.		ORTH CAROLI	NA	USA		WIDOWE		ORCED	Has	RFORD		MD.
The further of	10 51	TY OR TOWN OF DE	ATH 1		HOSPITAL, NURS		R OTHER INSTI	TUTION	12a USUAL OC	CUPATION OR MOST OF WORK		ND OF BUSINESS OR
0 79 //6/	HA	VRC de 6	RACE	HarFe	GIVE RESIDENCE BEFO	morie	H05	pital 1	<u>lechani</u>	С	Towi	ng&BodySho
10:35		TATE ryland	Harfo		Havre d	WN 1	134 INSIDE C	TY LIMITS?		oress/zipo evoluti		21078
1 1 10		THER'S NAME		IDDLE	LAST		15 MOTHER'S	MAIDEN NAM	E	MIDDLE		LAST
2 25/24		John	We	esley	Andrew		Matti	.e	Osb	orn	And	rews
Popelly		VAS DECEASED EVER VES. NOOR UNKNOWN) NO		WAR OR DATES)	245-05-		John An		1227 Havr	Revolue de Gr	tion St	21078
taw requires that the death cestilicans to been signed by the artificial to library remove corbon pages remove corbon pages remove corbon pages agony injury, or other traumatic event, the	CERTIFICATION	18 CAUSE OF DEAT PART I. DEATH VI Conditions, if only gove rise to im- couse (o), stati- underlying couse PART 2 OTHER SIG	, which mediate ag the elast	DUE TO, O	AS)A CIDNSEO	DEATH BUT	9		NAL DISEASE (SY? 20b.	N GIVEN IN PAR	
3 PHYSICIAN: The refuseding physician the buriot-transit produced and Member Hypersecolor from 18 moves of an item 18 moves.	MEDICAL CERTI	21g, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUR	CAUSE OF DEATH	P. 21e PLACE	M. MONTH M.	19	21¢ HOW IN J		D (ENTER NATU	RE OF INJURY IN ITE	YES	
I. OR ATTENDING the hospital or or or I. DIRECTOR: After stacked for use as the Dept of Health : if them 21 is most		22a.l certify that (1) sow the decease obove, (1) (22b. SIGNATURE) (this hospital	01	e deceased from	87:	DEGREE A	TIENDING L	ooth occurred	STAFF	d hour and from	that (I) (we) lost the course stated
O HOSPITAL O HOSPITAL TO FUNERAL should be dete with the State	(224 PHYSICIAN'S N	un	D	Yun)	11. Agogless	me	leg	ine	, 14	D
BP	23a B	URIAL, CREMATION, SPECIEVI Urial	, REMOVAL	236. DATE 8/7/87	1		Mem. G	andona	The	NWOI	Harfo	ord Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FI	INERAL DIRECTOR Tring fune	eral Ho					25g DAJE	TCO 196	STRAR 256 RE	GISTRARSON	NAMURE ,

062344 405 11 07

Best I And State of the State o

Manager of the

10 L

-

2.2

48		FilmC631 i+	om 16h 0/21/07 *:-	STATE OF MARYLAND		. ,
43123 SEP -	118	STATE PET F.H.	em 100 9/21/8/DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 2 3 5	3 3
oy be poge 3		CEASED NAME OR PRINTS	ony ANTONIO	BANULES 15. DATE OF BIRTH	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 30 1987 4-:46 M IF UNDER 1 YEAR IF UNDER 24 HRS
age 4 m ector rs afte	,	MALE	White	Dec 257 1896	9D YRS	MONTHS DAYS HOURS MIN.
death. P	12	COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	HARFORD	MD
s ofter	出	YRE Le GLACE	HARFORD M	emorial Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY. Dept & FNAU
Miled in pould be	like S	L RESIDENCE (IF NURS COUNT OF COU		VN 13d INSIDE CITY LIMITS? VECULE YES NO	136 STREET ADDRESS / ZIP CO	DE AUR ZIZIT
and 2 so	14. FA	THER'S NAME	MIDDLE BANGE	15. MOTHER'S MAIDEN N	WIDDLE	LAST
Popes Coll		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16 127 L SEC	434-A MR. Robert	- Martin Balt	18 White Acc. 5.14.21214
oficote be		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	only one couse per line octo, b, a ED BY:	DIAC ARR	EST.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to the deoth cert by the ottending size remove corbin cremotion, or re ather troumotics		Canditions, if any, which gave rise to immediate couse (a), stofing the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF	05(5	
equires the signed. Then plector to buriolinjury, ar	NOI		RUKE	DEATH BUT NOT RELATED TO THE TER		
The low required on the low requirements of th	CERTIFICATION	19th DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
SICIAN: Tong physicing certificate irral-tronsicentol Hygin frem 18 m		218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	21¢ HOW INJURY OCCL	JRRED (ENTER NATURE OF INJURY IN ITEM T	e PART I OR PART 2)
ING PHYSICIAN: The rate and ing physicion of the bural-tronsis it had defined Hygies orked or item 18 from the firm or the most orked or item 18 from the firm	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
THEOR IS IN IS IN IS IN IS IN IS IN		saw the deceased alive or	n 30 19	7 - 26 , 19 8 8 7 , and that in (my) (our) opinio	on death occurred an the date and h	our and fram the causes stated
PTAL OR ATT by the hosp RAL DIRECT detoched for fote Dept of fote Dept of		PRINTING.	much	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	271 AVE SIGNED
O HOSPI TO FUNE Thould be with the S		DANTE TYPE	MONAKO	C PAPPRESS	te Grace M	l 21178
BP		INTIAL, CREMATION, REMOVALISPECIFY PEMATION	0 1 1000 /	NAME OF CEMETERY OR CREMATORY	23d LOCATION BALLINER	COUNTY HALITAR
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	INERAL DIRECTOR NAME 0.5 COR NO. Z	NNING JR. 3	1635-Cankling 250 D	JG 31 1937, Julia	STRAR'S SIGNATURE

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

Aug 6, 1987 24 FUNERAL DIRECTOR DIPPEL FUNERAL HOME. INC. 7110 Belair Road Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21206

26 HOUR

12b. KIND OF BUSINESS OR

IF UNDER I YEAR

A & P

Street, MD.

COUNTY

22c DATE SIGNED

Aug 4, 1987

STATE

10:45P

IF UNDER 74 HRS

Stores

MR C & MRI Any Representations

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event

16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

13	3	2	20	17
2	0	0	J	7
F.C.	NO			

Aulia Dividion Pardale

SEP 3

1987

						REG.	NO.		
	E OR PRINT		MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
_		ONARD	F 1	Jakrou	U SR.	140	19.30	1987	9;3/M
3 SE	MALE	4. RACE WHITE		TE OF BIRTH	1910	6 AGE (IN YEARS LAST)	SINPHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
₹ď B	IRTHPLACE (STATE OR FORE)		WHAT COUNTRY? 8			9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	MARYLAND		MA	RRIEDXX NEVER	MARRIED	11000	on his		Host un
10 C	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HO	ME OR OTHER INS	TITUTION	170 USUAL OCCUPA	TION	12b. KIND C	
PH	AVAC & GRA	de Haa F	HEACHITY, GIVE STREET ADDRESS	1 Hospi	tal	LABORE!	OF WORKING LIF	J.JUL.	IAN INC.
	STATE TIS	OME OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE ADMISS		ITY HANITS?	12. STREET ANNESS	7 7 ID CODE		~ ^ ~
I	MARYLAND	CECIL	PERRYVILLE	YES [NOX	224 WINC	HROAD	1	103
14) F.	ATHER'S NAME	MIDDLE	LAST	15. MOTHER	S MAIDEN NAM	E MIDDLE		LAS	51
1	RANSOM		BARROW		HRISTIE			DI	EAVER
	WAS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY N				RESS	15 4 75	ITT ARTD
_	ND -			ELLEN	M. BA	RROW, PE	RRYVIL	LE, MAR	
	18 CAUSE OF DEATH (E	nter only one couse per CAUSED BY	life for (a), (b), and (c).	10011:	1 1 1	11.5	0.	BETWEEN	ONSET AND DEATH
	IMA	MEDIATE CAUSE (0)	Janu	Corrar	1-19	y charge	y was	21	
		DUE TO, O	RAS A CONSEQUENCE	7	NI	-	1	1	
	Conditions, if ony, who gove rise to immedi		(anu	Mys.	Dya	ullen			
	couse (o), stoting underlying couse I	the DUE TO O	MAS A CONSEQUENCE	DF /	: 06	Me, 1	7	1 2	
		(c)	unu a	nem	e P	11 cha	Me a	As	
z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS <u>CC</u>	ONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMIN	NAL DISEASE OR CO	MDITION GIV	EN IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	N 19h COND	ITION FOR WHICH OPERA	ATION WAS PERFO	RMED	200 AUTOPSY?	20b IF YES	WERE FINDI	NGS LISED
FIC						YES TI NO X	IN CERTIF	YING CAUSES	
ERT	71a. ACCIDENT WAS UNDERLY	ING 216 TIME O	F INJURY	21c HOW IN	JURY OCCURRE	D (ENTER NATURE OF IN	•	based .	140
	OR CONTRIBUTING CAUS	E OF DEATH		EAR					
MEDICAL	(IF EITHER NOTIFY MEDICAL E	21e PLACE	OF INJURY	211 LOCATIO					
¥	WHILE NOT WHILE	[AT HOME STI	REET FACTORY OFFICE FARM ETC	STREE:		CITY OR	TOWN	COUNTY	STATE
	22a I certify that (I) (the		e deceased from					19	that I) (we) last
	sow the deceased a	(did not) view the body	ofter death	, and that in (my)	(our) opinion de	eath accurred on the	date and hou	and from the	couses stated
	226 SIGNATURE	h hell,	die dedin.	DEGREE		/		22t. DATE	SIGNED
		LIT CC	h		ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF		
1	224 PHYSICIAN'S NAME	TYPE OR PRINT)	1) //-	22e ADDRES	SS 14	-) 1	10		
	ANTONIA	7.	MON MA	2. 611	S. UNI	on on,	1109	m.	2/018
230	BURIAL, CREMATION, REA	AOVAL 23h DATE	73c NAME	OF CEMETERY OR	CREMATORY	23d LOCATION	11	COUNTY	STATE
4	BURIAL	SEPT .	,1987 WEST	NOTTINGH	AM CEME	TERY COLOR	RA. CEC	II. MARY	
\$ 20-4	INFRAL DIRECTOR	11 1	7	A Day	250 DATE	PECID BY PECISTO	PIZE DECICT	DAD'S SICALAT	30117

SON, PERRYVILLE, MARYLAND.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13	7	-0-	-	pd.
(iii.an)	0	Û	U	Ü
R	EG NO			

064	7 N N SEP		FOR STATE PEGISTRAR			DEPART		EALTH AND MENTA ICATE OF DEAT		REG,) 0 NO.	5 0	
004	I U U SEP		EASED NAME	FIRST	M	AIDDLE	LA	ist	20	DATE OF DEATH	MONTH		HOUR
	De 3		OR PRINT)	ALICE		Anna	BI.	3E51		16-00	8-2	7-87 3	3,40 Am
- A	800	3 SEX		-	4. RACE		5. DATE O			AGE (IN YEARS LAST	BIR HDAY)		UNDER 24 HRS
	1150		FEMA.	LE	CAUC	CASION	2	28	EAR //	76	YRS.		OURS MIN.
-	22 0/		THPLACE (STA	ATE OR FOREIGN		WHAT COUNTRY?	8.	NEVER MARRIE	ED 7 B	BALTIMORE CITY			
	12/	1	Maine		4151		WIDOWE	DEX DIVORCE	ED 🗌		PARO.		MD.
5	1187	COL	LUMBIA	mo /	HOWARD	COUNTY	SENE!	RAL HOS		usual occupa ype of work for mos Operator	ST OF WORKING LIE	126. KIND OF BUINDUSTRY Box Fact	
212	2 2 57	USUA 13a. S1	L RESIDENCE ((IF NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	E ADMISSION)	L13d. INSIDE CITY LIA		STREET ADDRES	S / 7IP CODE	27.06	
ON .	1 经工作		ryland	A.		Glen Bur		YES NO				re Lane A	
W.	12 40		THER'S NAME			1100	777-1	15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
MAN	11/14	1	Will	iam	M.	Cooks	on	Ann	ıe	MIDDLE		Saver	'S
RE.	8 8 8 4		AS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	JRITY NO.	17. INFORMANT			DRESS		
WO	60 1	(1)	es, no qr unknov NO	WN) (IF YES, GIV	VE WAR OR OATES)	216-03-1	800	Anna Hal	11 197	Keeton	Road Ba	alto Md 2	21227
ALTI	The second		18 CAUSE OF	DEATH (Enter on	nly ane cause per	line far (a), (b), an	id (c).)					APPROXIMATE BETWEEN ONSE	E INTERVAL ET AND DEATH
00	phy phy son		PART I. DE	ATH WAS CAUSE	ED BY: TE CAUSE (a)	2., 12., 31	cardi	ac Av	rest	•		20 %	
S N	1			IMMEDIA							,		/ -
510			Conditions, it	if ony, which	DUE TO, OF	AS A CONSEQU	A.	therosele	erotic	Cardiov	aseular a	isease.	Years
95			gave rise to	o immediate stating the		R AS A CONSEOUL							
*	4 010		underlying		(5)	AS A CONSECU	EINCE OF		0.00				1
20	phoed n ple y, or		PART 2 OTHER	RSIGNIFICANT	CONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMINA	L DISEASE OR GO	OND HON GIV	EN IN PART Ita	
808	The to the	No.	Profound	HYDAX	IL ENC	palpath	V & Re	spiratory.	and Rs	enal fa	ixure.		
0	No de de de	CERTIFICATION	19a DATE OF O	PERAMON	19b CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED		20a AUTOPSY?		S, WERE FINDINGS FYING CAUSES OF	
AL RI	hos hos	ĮĮ.								YES NO			NO []
VITA	N: The sysicion content of the	W W		WAS UNDERLYING			AV VE	21c. HOW INJURY	OCCURRED			PART OR PART 2)	
0	A D TID EN	/		IFY MEDICAL EXAMINER	AIR		AY YEAR	100					
0	ding cer buria	MEDICAL	21d INJURY O		21e. PLACE C	OF INJURY		21f LOCATION		-	R IOWN	COUNTY	STATE
DIVISION OF	ortendi orthis ord N ked or	A		NOT WHILE		EET, FACTORY, OFFICE, F	FARM, ETC }	STREET		CITY O		COONIT	SIMIE
٥	Aft Belth mork			hat (1) (this haspi	tal) attended the	deceased from	8-	2/ 10	811	ta 8-2	7	1987 that	ot (1) (we) last
	TOR OT US		sow the d	deceased olive on	8-26	6 19 5	7.4		apinion deat	h accurred on the	date and hau	ur and from the cou	~
	hosp REC ed for pt. o		22b. SIGNATOR	we) (did) (did na RE	view the bady	atter death.		DEGREE				22c DATE SIG	
	the toch	9	Chi	na ch	15700 10	au -		ATTENI	DING N	MEDICAL S'	TAFF		19 53 8
	SPITAL d by t NERAL be del e State	+ 1	22d. PHYSICIAN	N'S NAME LITTE O	OR PRINT)	m		PHYSIC 22e ADDRESS		PHY		1 1.	4
	etoined by to FUNERA should be de with the Stot		cho	na al.		2 m		10792	Hick	OVYRIN	90 Kd.	eolumbia, h	16,21044
	should with IMPO	22	IDIAL COS	119 CNO		N //	VAAT OF	SMETERY OF CO.		23d LOCATION	10 hour		~
		230 B	SPECIEV)	TION, REMOVAL				emetery or crema ridge Mem	THE PARTY OF THE P	CITY OF TOWN	700	COUNTY	STATE B/C-7
	BP	24.7		rial	8/29/	0/	-Jaaow]			Baltimo		Howard	Md
D	OHMH - 16 60M 7/84 (VRA 15, 4)	GE	eorge J.	Gonce	4001 Rit	chie Mgw	y Bal	to Md	SEP	02 1007	11.	TRAR'S SIGNATURE	delle

064700 SEP -367 BUILDER 3 A Profession Hyperson and a particular of the contract the contract of the con to the state of th

64653

STATE OF MARYLAND

-	6 7 ,-	FOR STATE REGISTRAR			MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		y
		CEASED NAME FIRS	- /	ESTELLE	BI	LAKE	8-28-87	MONTH DAY YEA	26 HOURS
	3. SE	F		acasion	5. DATE O		6 AGE (IN YEARS LAST BIR	MONTHS. D	ATS HOURS MIN.
5	(RTHPLACE (STATE OR FOREIGN COUNTRY) Balto.Co.M	1d. U	.S.A.	WIDOWE		9 BALTIMORE CITY O	STOL HAR	FORD MO
1		FALLSTON	(IF NOT IN	LISTON GI	ENER	AL HOSPITAL	(TYPE OF WORK FOR MOST OF HORREM A	IVEL HIS	OME
33	130 5	MD	MARFORD	136. CITY OR TOWN PERRYHA	N	13d. INSIDE CITY LIMITS? YES NO 🔯	13e STREET ADDRESS 4622 Jo	PPA RD	21128
0	14 FA	ATHER'S NAME FIRST Joseph	MIDDLE P.	Snyde	er	Catherine		Ligh	nther
Medico		WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S ARMED FORCES			Mary Alma	Snyder, Pe	rry Hall, M	ga Rd 21128
,		IB CAUSE OF DEATH (Em PART I. DEATH WAS C	ter only one couse AUSED BY: EDIATE CAUSE (o)	/ n.d	100	almot		BETW	PROXIMATE INTERVAL ZEEN ONSET AND DEATH
or orner froomonic		Conditions, if any, whis gave rise to immedia cause (a), stating the underlying cause la	ch (b)	OR AS A CONSEQUE	COUL COUL	dial Info	uetion		100
.doty,	NO		ANT CONDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	RT Iro
7	TIFICATION			CONTRIBUTING TO D			200 AUTOPSY?	DITION GIVEN IN PAR 20b. IF YES, WERE FII IN CERTIFYING CAU YES	NDINGS USED
2 sword	DICAL CERTIFICATION	PART 2 OTHER SIGNIFIC. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX.	NG TABLE TIME TO THE TRANSPORT OF DEATH HOUR	NDITION FOR WHICH E OF INJURY A.M. MONTH DA P.M.	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN CERTIFYING CAU	NDINGS USED USES OF DEATH?
Or nem	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFIC. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (II EITHER NOTHEY MEDICALEX. 21d INJURY OCCURRED. WHILE ON WHILE AT WORK IN WORK	NG DEATH HOUR AMINER) 21e. PLA (AT HOME	NDITION FOR WHICH E OF INJURY A.M. MONTH DA	OPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN CERTIFYING CAU	NDINGS USED USES OF DEATH? NO
1		PART 2 OTHER SIGNIFIC. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX. 21d INJURY OCCURRED WHILE AT WORK OF MEDICALEX. 22a 1 certify 22a 1 certify	NG THE STATE OF DEATH HOUR AMINER) 21e. PLA (AT HOME THE STATE OF DEATH HOME THE STATE OF DEATH HOME THE STATE OF THE STA	NDITION FOR WHICH E OF INJURY A.M. MONTH DA P.M. CE OF INJURY • STREET FACTORY, OFFICE, FI	OPERATION AY YEAR 19 ARM EIC)	21c. HOW INJURY OCCUR!	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO	20b HF YES, WERE FIND CERTIFYING CALLYES TO THE PART I OR PART OUT TO THE PART I OR PART OUT TO THE PART OUT T	NDINGS USED USES OF DEATH? NO 172) Y STATE 7, that (I) (we) lost
if item 2.1 is morked of item		PART 2 OTHER SIGNIFIC. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTHEY MEDICAL EX. 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 1 certify	196 CO NG	NDITION FOR WHICH E OF INJURY A.M. MONTH DA P.M. CE OF INJURY • STREET FACTORY, OFFICE, FI	OPERATION AY YEAR 19 ARM EIC)	21c. HOW INJURY OCCUR! 21f. LOCATION STREET 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO	20b IF YES, WERE FIND CERTIFYING CALL YES COUNT	NDINGS USED USES OF DEATH? NO 172) Y STATE 7, that (I) (we) lost
if item 2.1 is morked of item	MEDICAL	PART 2 OTHER SIGNIFIC. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALS EX. 21d INJURY OCCURRED. WHILE NOTIFY MEDICALS EX. 21d INJURY OCCURRED. 22a 1 certify 144 22a 1 certify 144 23a 24a 25a 25a 25a 25a 25a 25a 25a 25a 25a 25	OF DEATH OF DEATH AMINER) 21e. PLA (AT HOME	NDITION FOR WHICH E OF INJURY A.M. MONTH DA P.M. CE OF INJURY E STREET FACTORY, OFFICE, F. I de deceosed from 19	OPERATION AY YEAR 19 ARM EIC)	21c. HOW INJURY OCCUR! 21f. LOCATION STREET 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CONTERNATURE OF INJU CITY OR TO CITY OR TO ABEDICAL STA DIRECTOR HHYSIK	20b IF YES, WERE FIND CERTIFYING CALL YES COUNT	NDINGS USED USES OF DEATH? NO 172) Y STATE 7, that (I) (we) lost
Nem 21 is morked of nem	WEDICAL MEDICAL	PART 2 OTHER SIGNIFIC. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTHEY MEDICAL EX. 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 1 certify	196 CO NG 196 CO NG 216, TIM HOUR AMINER) 21e, PLA (AT HOME TO SPIRAL THE DE	NDITION FOR WHICH E OF INJURY A.M. MONTH DA P.M. CE OF INJURY 1 STREEL FACTORY, OFFICE, F. I the deceosed from 19 And the deceosed from 19 And the deceosed from 19	OPERATION AY YEAR 19 ARM ETC.) JAME OF C	21c. HOW INJURY OCCUR! 21f. LOCATION STREET 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR ICE CITY OR ICE AMEDICAL STA DIRECTOR PHYSIC 234 LOCATION CITY OR TOWN	20b IF YES, WERE FIND CERTIFYING CALL YES COUNT	NDINGS USED USES OF DEATH? NO 172) 7 STATE 7, that (I) (we) lost 18 SSS 1888

DHMH - 16 60M 7/84 (VRA 15, 4)

61 65 6 6 - 3 57 100 4 6 6 10 12-8 1 19 10 6 515 5 VEW A Children to the second of th William Company of the Company of th THE CONTROL OF THE SAME STATES OF THE SAME The Mark marine mile to 78 12 12 12 SEPO2 SEE

injury, ar other tradmatic event, the

IMPORTANT If them 21 is marked or them 18 shows any

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL	YGIENE	2 REG. NO	3 6	40	
	1. DECEASED NAME FIRST E (TYPE OR PRINT) EUV		richely Bo	665	AST BOSSS	20. DAT	10/8	MONTH DA	YEAR	3 30 M
1	3. SEX	4. RACE		5. DATE C		6 AGE	(IN YEARS LAST BIRT		FUNDER TYEAR	IF UNDER 24 HRS
ı	FEMALE	MHITE		SEPT	20, 1913 YEAR	73	3	YRS.	DATS	HOURS MIN.
-	To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W		8.	D NEVER MARRIED	9. BALT	IMORE CITY O	COUNTY	OF DEATH	
1	MEST Virginia	U.S.	A.	WIDOWE		5	HARFO	CD	- 110-11	MD.
1	EALLSTON		OSPITAL, NURSING		OR OTHER INSTITUTION	(TYPE OF	WAL OCCUPATION WORK FOR MOST OF	WORKING LIFE!		F BUSINESS OR
7	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b COUN		BEL AL		13d. INSIDE CITY LIMITS?	13e.STR	EET ADDRESS /	ZIP CODE	BUKE	4014
1	14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N	NAME	MIDDLE		145	7
	William	Annua .	SIANKENSL	gip	MArtha		WIDDLE		Copenil	AVET
	16a WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? E WAR OR DATES)	166. SOCIAL SECUI		MIS MAE	MUHER LIUHE	170	MAUISH	y Avery	21014
	Conditions, if ony, which gave rise to immediate couse [0], stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR (c) ONDITIONS COT	ION FOR WHICH (NCE OF	N WAS PERFORMED	20a /	SEASE OR COND	20b. IF YES, IN CERTIFYI	WERE FINDIN	GS USED
ı		21b. TIME OF HOUR A.M		Y YEAR	21c. HOW INJURY OCCU	URRED (ENT	ER NATURE OF INJUR	Y IN ITEM 18 PAR	RT 1 OR PART 2)	
ı	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M		19						
	21d. INJURY OCCURRED WHILE NOT WHILE TANK ORK 27m. I certify the (1) this house on the discount of the on, and the discount of the one of	al) attenged ye	ET. FACTORY, OFFICE, FA	17.00	211. LOCATION STREET 3 19 19 DEGREE	2, to_	curred on the do	د ر		
1	Hute	wx		1	ATTENDING PHYSICIAN 1226. ADDRESS		CAL STAF		8/1	117
	JOHN P.	EDW	Ands		Karisto	no.	mar	4 CA	WD.	21047
	230 BURIAL, CRÉMATION, REMOVAL	23b. DATE			EMETERY OR CREMATOR		OCATION CITY OR TOWN	/	COUNTY	STATE
	ALCUNICALI DIRECTOR	Aug. 12,1	,		EME BAPT. Ch. CETT		el Air, Apr	ford Co.	Maryla	4 21014.
	24 FUNERAL DIRECTOR	50 WIT	ADDRESS 4	Willia	ms 3t, 250 D	AUG 1	1 4007	- 1	AR'S SIGNATI	

190

(VRA 15, 4)

13 6

DOMESTIC OF THE PARTY OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG NO L DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
PO, WITHIN 72 HOURS Clegg 26/19 Carson W. DEATH MATED 8/ 87 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS. 2c DATE LAST BIRTHDAY 12,1961 26 White Male May TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Baltimore, Md. U.S.A. Harford County, DIVORCED II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Carpenter Jarrettsville Rock State Park 13d INSIDE CITY LIMITS? 1305 Marywood Dr. 21014 Harford Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Lillian Barber Clegg Jr. Warren Carson 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 205 Marywood Dr. Mr. Carson W. Clegg Jr. Bel Air, Md. 21014 217-80-3792 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Hanging DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL - TRANSIT OF HEALTH AND MENTAL HY(Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN RETHIS CERTIFICATE 31 TO THE WORD "FEN SWARDED TO THE CHIEF ME REAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA TO 31 201 PRIOR TO BURIAL, C 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY ESTIMATED (. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 8/26 /1987 subject hanged self PLACE OF INJURY CATHOME II LOCATION AT WORK D NOT WHILE STREET FACTORY, FARM, ETC.) Rock State Park, Harford Co., Md. park EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFIEL DEATH, WITH THE STILL BEALTIMORE, MARYLAND, 2 Autopsy X 22a. I certify that I taak ains described above help Inspection and in my apinian Suicide X death resulted from Hamicide TITLE (SPECIFY) ACTUAL 8/29/87 Chief SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Smialek, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT ADDRESS. 23c. NAME OF CEMETERY OR CREMATORY Md. Sept.1,1987 Belair Mem.Gardens Harford 24. FUNERAL DIRECTOR **DHMH - 17** E.F.Lassahn, 11750BelairRd. Kingsville, Md. 21087 (VR A15 ME (5))



TO 2 1887 12 STATE OF

64225 AL	G 31- PATE
----------	------------

n and completely filled in by the funeral director page 3 Pages 1 and 2 should be filed within 72 haurs after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

2	3	0	44	3

REGISTRAR			CERTIFI	CALL OF PEATIT		REG. NO.		
1 DECEASED NAME (TYPE OR PRINT)	41 1	MIDDLE	0	ST .	20 DATE	OF DEATH MO	1-11	70 11001
	Helen	DEATRICE		Oale		Hugu	7,00	7 7:0
3 SEX	4 RA		5 DATE O	F BIRTH YEAR		IN YEARS LAST BETHOM	MONTHS DA	
FEMAL		MYITE		th 28, 1899	88		YRS	
To BIRTHPLACE (S'	TATE OR FOREIGN 76. CI	ITIZEN OF WHAT COUNTRY	? 8 MARRIED	NEVER MARRIED	9 BALTI	MORE CITY OR	OUNTY OF DEATH	4
Marylass	d	U.S.A.	WIDOWE			tarford		2
10. CITY OR TOWN		NAME OF HOSPITAL, NURSI		ROTHER INSTITUTION		ALOCGUPATION		D OF BUSINES
HAVAE OF		PARFORD Men	/	Hospital		& BEAGER		
		INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	134 INSIDE CITY LIMIT	152 112 STOF	ET ADDRESS / ZI	P CODE	311
Maryland				YES MO			Er Street	410
14. FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDER	NAME	MIDDLE		
John	HAFF	Sha	OH	MARY		GrACE	DA	vis
	EVER IN U.S. ARMED		URITY NO.	17 INFORMAN	EN1)838-5	155 ADDRESS	.246	
(YES, NO OR UNKNO	(IF YES, GIVE WAR	214-03-	6033	Mrs. Ruth K	GildER	To et A	ir Marylan	121014
18 CAUSE OF	DEATH (Enter galv gar	e couse per/fine for (a). (b) a	nd (c.)	1	^			ROXIMATE INTERVEEN ONSET AND D
PART I. DE		e cause per line far (a), (b), a	a be	harman	(1)	met	BETWI	EN DINSEL WAD D
	IMMEDIATE CA	(USE (0)	1	1	V			
	cause last.	DITIONS CONTRIBUTING TO	viks	CLIVE ZUE	TERMINAL DISE	ASE OR CONDIT	ION GIVEN IN PAR	Tira
190 DATE OF C	whys	una f	ulson	nemy				
S 190 DATE OF	DPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	20a A	UTOPSY? 20	D. IF YES, WERE FIN CERTIFYING CAU	DINGS USED
					YES [- CT	YES [NO [
210. ACCIDENT		21b. TIME OF INJURY HOUR A.M. MONTH [DAY YEAD	21c HOW INJURY OC	CCURRED (ENTE	R NATURE OF INJURY IN	ITEM TS PART I OR PART	2)
OR CONTRIBUTE	NG CAUSE OF DEATH	P.M.	19			14.0	4 197	
(IF EITHER NOT	CCURRED 7	THE PLACE OF INJURY	FARM HIEL	211 LOCATION		CITY OF TOWN	COUNTY	51
AT WORK	NOT WHILE AT WORK	, Since Fractions Office	8/		Ca	de		
		attenue the deceased from	131	19_1	0 10	1/20	19	that (I) (w
saw the	deceased alive an (we) (did) (did nat) view	w the body after death.	, on	d that in (my) (aur) ap	inian death acci	urred on the date	and haur and fram	the causes sta
226. SAGNATU		1 M	(DEGREE			1 /3	TE SIGNED
100	any (1.)	noughir	n	ATTENDI PHYSICI	AN DIRECT	AL STAFF OR PHYSICIAN	10 87	10/1-
276 PHYSICIA	N'S NAME (TYPE OF PRIN	in his along	11.1	77e ADDRESS	16			
1)A	NIE	MONAL	46	HOVE	al ()+	10a, 1	rd 2	107
230 BURIAL, CREMA	ATION, REMOVAL 23	b. DATE 23c	NAME OF C	EMETERY OR CREMATO	ORY 23d LC	OCATION		
Bur Al		Myust 24, 1987 12				Est Hill H	Arford G. Mu	andry 2
		ET SO W. Broady				BY REGISTRAR 256		ALUE,
202Eby	felle Frotos	BEI Air MA	minux 2	4101	AUG 27	1987	ALAL YELLOW	Afrikación
much	17000		7			4		

DHMH - 16 60M 7/1 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR, After this certificate has been signed by the should be detached for use as the bunal-transit permit. Then played with the State Dept. of Health and Mental Hygiene prior to burials created.

And the second of the second o

The same of the same of the same of

- - -

62043 AUG

STATE OF MARYLAND

143 AUG -	1.87	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	JENE 2 3	0 4	4
A Check of the control of the contro	1. DE	CEASED NAME FIRST	titia 14. RACE	MAY	C. S. DATE C	LYYY DE BIRTHY	20 DATE OF DEATH 6 AGE (IN YEARS LAST BIRT	MONTH DAY	87 5 48 PM
th th	10000	FEMALE	WHITE		AUGUS	T 30, 1910	76	MON	THS DAYS HOURS MIN.
1235		PTHPLACE STATE OF FOREIGN COLLECTION MARYLAND		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	1110	DEATH
290	HA	IVEE DE GRACI	F TO F	CHEACHITY, GWESTREET	ADDRESS	HOME	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOMEMAKER		126 KIND OF BUSINESS OR INDUSTRY
Contract on Contra		TATE 13b COU		131. CITY OR TOW HAVRE de		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 251 WILSON S		21078
120		SAMUEL	MIDDLE T.	0EV0NSHI		15. MOTHER'S MAIDEN NA/ FIRST CORA	MIDOLE L		REEOER
A Sopre		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G	RMED FORCES?	220 14 27		JOHN JACKSON, 91	2 CARSINS RUN		
M		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA	inly ane cause per ED BY. ATE CAUSE (a)	r line for (a), (b), or	ESPIR	ATOAY PAIL	u RE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 15 MINUICE
by the death of by the ortigion are remained, or other traumont		Conditions, if any, which gove rise to immediate cause al, stating the underlying cause last.							6 days
equires the place of the place	NOI	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	inal disease or cont	DITION GIVEN	IN PART 110
1	THICAT	9a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDINGS USED IG CAUSES OF DEATH? NO
CIAN T	CAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A	DF INJURY .M. MONTH D .M.	AY YEAR	21t HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	ORPART 2)
the that a rived by the could Muse of the could	MEDIC	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	C114 OR 104	WN	COUNTY STATE
UTENDE pind e- CTOR A for use of of Healt of S a me	1	22a I certify that (I) (this hasp sow the deceased alive o abave, (I) (we) (did) (did n			, ar	d that in (my) (aur) apinion o	, to death occurred an the do	te and havi an	
AL DIRE		77% SIGNATURE C	Thina	M		DEGREE ATTENDING PHYSICIAN	MEDICAL STAP		STATE SIGNED
D FUNER D FUNER Double be MADRIAN		22d PHYSICIAN'S NAME HYPE	-	•		13 1 S. U NON	AVE HAVA	PDE GR	ALOIS WD SIOUS
BP		SURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	23b. DATE 7 AUGUS			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN PORT OF POS	IT, CECI	
DHMH - 16 60M 7/B4 (VRA 15, 4)		PARENTE PUNERAL HON	ME PA, HAV	RE de GRACE	, MO. :	21078 AU6 0 6	1987	25h REGISTRAF	SOIGNATURE

La Maria Maria

THE RESERVE WAS A PROPERTY OF

AUG 0 0 1987 July Section Market

in by the funeral director page 3 se filed within 72 hours after death death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 MPORTANT: If Hem 21 is morked or Hem-8 shows ony injury, or other traumotic TO FUNERAL DIRECTOR: After this certificate has been signed by the ottendi should be detached far use as the buriol-transit permit. Then please remove car with the State Dept-of-Health and Mental Hygiene prior to buriol, crematian, an O HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or ottending physicion

STATE OF MARYLAND

9 7 AUG 2	B7	FOR STATE REGISTRAR	DEPA	RTMENT OF H	IEALTH AND MENTAL HYG	IENE 2 3 0	4 5
noy be poge 3 er deoth		CEASED NAME FIRST	T. Den	DISOI	n Jr	August 1	7 1987 26 HOURS
Poor d	3. SE	(4 RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
ector urs afte		Male	Black	5	14 14	73 _{YR}	
2 hours		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTI	Y? 8	D NEVER MARRIED	BALTIMORE CITY OR COUN	NTY OF DEATH
Georgian deor		aryland	USA	WIDOWE	DIVORCED X	HArtord	MD.
by the filled with	HA	Wre de Grace	HArtord M	on, }	Hospital	Tight of work for most of working Laborer	126 KIND OF BUSINESS OR INDUSTRY
24 hg		TATE 136 COUN rvland Harf	TY 13c. CITY OR T	-			DDE 21078
ompletely ond 2 st	14. FA	THER'S NAME FIRST /	T. Denni	son	IS MOTHER'S MAIDEN NAME FIRST Jessie	Rebecca	Stansbury
1		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SI	CURITY NO.	17. INFORMANT	ADDRESS	
a Men		o N/		-5696	Gertrude F.	Clarke Same	as Above
		III. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line for (a), (b) D BY: E CAUSE (a) LAY CAO		nary Arres	t	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH MENUTES
that the death ce d by the offendin lease remove carb iol, crematian, or or other traumatic		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	atic	Carcinoma of	the Colon	20 months
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
an signi Then protection to the protection of th	ON O	Carcinoma	of the 1	rostal	e diez	Eure Dison	res
hos been prior permit	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
CIAN: TI physical color		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
or this cer this cer this cer this cer this cer this cer the burn and Merked or In	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
LOUNCE OF CHAPTER S MOTHER S M		22a. I certify that (I) (this hospit	tal) attended the deceased fro	m 8-	2 1987		
Spita Spita CTO I far of H		sow the deceased alive on above, (LL) (we) (did) (did no	view the body after death.	7_6,0	nd that in (my) (our) opinion	death occurred on the date and I	hour and from the couses stated
by the hos ERAL DIREC e detoched Stote Dept		HOW CHE TO	ckson		M.D. ATTENDING PHYSICIAN	MEDICAL STAFF	220 DATE SIGNED
TO HOSPITAL retained by t TO FUNERAL should be det with the State (IMPORTANT:		Howlett Ja	ckson Mi	D.	3075. Unio	1 Ave Havre	De Grace Md 2007
D € E # 3 ₹	23a E	URIAL, CREMATION, REMOVAL		3c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
BP		Burial	8/22/87	St.		ry Havre de Grac	e, Harford, Md.
DHMH - 16 60M 7/84	24 FI	ring Funeral Ho	AODRE	55 M 1 O 7	250 DAT	E REC'D. BY REGISTRAR 256 REC	SISTRAR'S SIGNATURE
(VRA 15, 4)	Iai	ring Funeral Ho	ome,PA,Aberdeen	1, Md. 21	UU1-3399 Al	1001 2 2 001	

ner must be notified

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exam

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 3 0 4 6 REG. NO.

							KEO. 140.	7		
		CEASED NAME FIRST		A D.D. D.		AST	20 DATE OF DEATH MONTH	DAY YEAR	1 50 A	
		ANN		ARD D	IX		0		A W	
	3. SEX	X	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS.	
		Female	Whi	te	Jan		71 YRS	5.	HOURS MIN.	
2		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH		
2		VA		SA	WIDOWE	D DIVORCED	Harford Co		MD.	
the same	10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR	
L		Fallston	Fallst	on Gene	ral	Hospital	Secretary.		rch	
L		AL RESIDENCE (IF NURSING HOME O BTATE 136 COU MD Har		Bel Air	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	ker Dr.	, 21014	
-	14 FA	ATHER'S NAME	1014	DCT IIII		15. MOTHER'S MAIDEN NA				
	13.17		W.	Beard		Mar'y		itzgerä	ld	
		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS			
	(1)	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	220 20	1569	Parker D.	Dix, S	ame		
		18. CAUSE OF DEATH (Enter o	nly one couse per	line for (a), (b), and	dicil			APPRO) BETWEEN	NIMATE INTERVAL	
		PART I. DEATH WAS CAUS	ED BY:	xanquin	ation	7- pul- Haei	morshage	Su	idden	
		IMMEDIA	TE CAUSE (0)	3	1.11		3			
			DUE TO, O	r as a conseque	NCE OF	John AN LUN	g Rt Intermed	intil 4	br	
		Conditions, if any, which gave rise to immediate	(b)		M			Terror		
		couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF THE BOTTOCHUS. COPP								
		underlying cause last.	((6)				any corp.			
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	Z									
	CERTIFICATION	190 DATE OF OPERATION	10h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b IF	YES, WERE FINDI	INGS LISED	
	Ú.	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WE IN CERTIFYING							S OF DEATH?	
1	TIE						YES NOZ	YES 🗌	NO 🗌	
	CEI	710. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)		
1	AL	OR CONTRIBUTING CAUSE OF DE	AIR		19					
1	MEDIC	21d. INJURY OCCURRED	71e. PLACE		17	21f. LOCATION				
	ME	WHILE NOT WHILE		REET, FACTORY, OFFICE, F	ARM ETC }	STREET	CITY OR TOWN	COUNTY	STATE	
		AT WORK				6 3	0.	63		
		220 certify that (I) (this has	ottended th		A	19 0 1/	, to	19 6 /	, that (I) we bast	
		sow the deceased alive o obove, (1) (we) (did) (did n	n 8-1		87.0	nd that in (my) (our opinion i	death accurred on the date and l	nour and Irom the	e causes stated	
		22b. SIGNATURE	1	array again.		DEGREE		22c. DATI	E SIGNED	
		1634	my.	>		MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-0	2-87.	
		THE PHYSICIAN'S NAME LINE	CE PONT)			22e. ADDRESS /				
		B. D. PARE	KH MD			1908 HARF	ORD RD, FA	LLS70 N	MD.21847	
		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE	
	En	tombment	8/5/87	7 Dr	ruid	Ridge	Pikesville		1D.	
4		UNIEDAL DIDECTOR	Jenk	ins & ORES		25a. DAT	E REC'D. BY REGISTRAR 25h. REG	SISTRAR'S SIGNA	TURE	
*		INVINC TT . A	· · OCITIL	TITO OWNERD (AIID (. Alli	04 1087 Autor	" Wither action.	Variation and	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

н	-0	PEGISTRAR				CENTIN	ICAIL OI	, LAIII	REG	NO.	11 11 11	
3		CEASED NAME	FIRST		WIDDLE		LAST	- 17 - 1	20 DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR
	TITTE	OR PRINT)	Porte	r F	₹.	Evans			August	24, 198	17	3:15 A
1	3. SEX			4 RACE				WEAD	6. AGE JIN YEARS LAS	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1		Male		White		Aug	9	1929	58	YRS	04.5	ALIA.
А	7a BIR	THPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	XXNEVED	MARRIED []	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
4		North	Caroli	na l	JSA				Harford	County	7	MD.
1	Da	rlington	DEATH	11. NAME OF	Dublin R	d.	OR OTHER INS	TITUTION	LIYPE OF WORK FOR MO	ST OF WORKING LIFE	. INICHICTOY	
1	13a. S1	TATE D	13b COUN Harfo	1TY	Darlingt	NN	YES 🗌	XX ON	3324 Dub			4
N	14. FA1	THER'S NAME		MIDDLE	LAST		15 MOTHER			7455	LAST	
Z		Lester		Μ.	Evans	5	Lilli		Sue			
		AS DECEASED EN		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMA	INT	ADI	DRESS		
1		No			245-34-	0223	Delore	s J. Er	vans 3324	Dublin	Rd. Dan	clington
1		18 CAUSE OF DE	ATH (Enter an	ly ane cause per	r line far (a), (b), ai	ndic				100		
1		PART I. DEATH	H WAS CAUSE	D BY: E CAUSE (a)	LUN	6 C	ANCEI	2				
1			IMMEDIAI									
4		6 100		DUE TO, O	R AS A CONSEQU	JENCE OF	1100				1268	
1		Conditions, if a	immediate	1b)	1014	-666	0,6					
1		cause (a), st underlying ca	ating the	DUE TO, O	RAS A CONSEQU	JENCE OF	1.+	+:	Pola	12		
1		ondenying co	1031.	(c)	Chron	,	163 170	1/1/	TOTM.	00.		
ı	2	PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	ONDITION GIVE	EN IN PART 110	1
4	CERTIFICATION			Ties come						Tan. 15		
	ICA	190 DATE OF OPE	RATION	196. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFC	RMED	200 AUTOPSY?			
4	RII											NO 🗌
		21a. ACCIDENT WAS	_	110110 1	OF INJURY .M. MONTH D	AY YEAR	21c. HOW IN	IJURY OCCURR	RED (ENTER NATURE OF	NJURY IN ITEM 18 PA	ART I OR PART 2)	
1	CAL	(IF EITHER NOTIFY A	_		Μ.	19						
1	MEDICAL	21d. INJURY OCC	URRED	71e PLACE					City O	NOWN	COUNTY	STATE
1	\$	AT WORK AT	WHILE WORK	(AT HOME STI	REET FACTORY, OFFICE,	FARM ETC.)	00		City O			31710
1				tol) attended th	ne deceased from	Ó	+fic	e	to		19	that (I) (we) last
1		sow the deci	eased olive an	1/	6 19	87.0	nd that in (my)	(aur) apinion a	death accurred on the	date and hour		
		22b. SIGNATURE	e) (did) (did no:	t) view the body	after death.		DEGREE				224 DATE	SIGNED
1		_	11/1	1 5				ATTENDING	MEDICAL S	TAFF	11	/
4		201 0111101011111	1-1-5	700.				PHYSICIAN	DIRECTOR PHY	SICIAN	015.	3/8/
/I		22d. PHYSICIAN				S. DATE OF BIRTH AURY S. DATE OF BIRTH S. DATE OF BIRTH AURY S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH Harford County M. DATE OF MARKET DEATS M. DATE OF MARKET DEA						
		Kevi	n Lynch	M.D.	Santa de		401	Frankli	in St, Bel	Air, M	d.	
	230 BL	URIAL, CREMATIC	N, REMOVAL					CREMATORY			COUNTY	£2.435
	(5	Buri	al	8/27/8	37 Zi	on Baj	ptist		Whitefo	rd H	arford	MD
	24 FUI	NERAL DIRECTOR								AR 256. REGISTE	RAR'S, SIGNATI	URE
	Ha	rkins Fu	neral H	lome, Inc	600 Main	St.I	Delta.P	a. AUI	627 1987	julia,	Devider.	Kondolle
- 1												

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE MARYLAND 21201 TENDING

> DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, after this certificate has been signed by the oth should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, cremation in MPORTANT: If them 21 is marked or Item 18 showspay injury, or other trau

F. 7. 6.

062983

STATE OF MARYLAND

	FOR STATE	DEPA		EALTH AND MENTAL HYG	IENE -		
	REGISTRAR	MIDDLE	-		AFGNO	9 4 8	
(TYP	CEASED NAME FIRST PEOR PRINT) AN CRE	Stavan	FERE	ence	8-14-84	DAY YEAR 2	HOUR
3. SE	X	4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		FUNDER 24 HRS
1	Male Male	White	Dec	25, 1904	82 YR		MIN.
70 B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH	
	Pennsylvania	U.S.A.	WIDOWE		Harford Count	V.	MD
	Belair	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE SI Belair Conval	REET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF	
13a.	ALRESIDENCE (# NURSING HOMEO STATE III COU Maryland	R OTHER INSTITUTION, GIVE RESIDENCE BI	OWN	13d. INSIDE CITY LIMITS? YES (A) NO [136 STREET ADDRESS / ZIP CO 4122 Mary Aven	ODF	6
7	Andrew Steven F	erence, Sr.		Anna Stral	ka	IAST	
	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRESS Wh	ite Hall	, MD
	(15 YES, GO	216 - 03	-6102	Stephanie Mil	ller 2912 Troye	r Rd 211	161
	PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (b)	POTEN OF	e Heart	alme	APPROXIMA TWEEN ON	TE INTERVAL SET AND DEATH
	Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost	10 6055	DUENCE OF ALL	ASCU	S	5 y 12	2
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	
TIFICATI	190. DATE OF OPERATION	198. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		YES, WERE FINDING RIFYING CAUSES O YES []	
MEDICAL CERTIFICATION	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		DAY YEAR 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	1010	STREET	CITY OR TOWN	COUNTY	STATE
	sow the deceased alive or above, (I) (we) (did) (did no	ntol) ottended the deceased from ot view the body ofter death.	9 <mark>81</mark> , or		death occurred on the date and I		ot (I) (we) lost uses stated
	2M SIGNATURE	Klully	M	DEGREE ATTENDING PHYSICIAN &	MEDICAL STAFF DIRECTOR PHYSICIAN	\$16	S7
	DUDLES	Phillips	(Nij	220 ADDRESS ARL	ingTon,	md 211	134
	BURIAL, CREMATION, REMOVAI (SPECIFY) Burial	Aug 17, 1987		emetery or crematory anislaus Cem	Baltimore MD	COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Paged with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the retained by the hospital or attending physician.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, ar other troumatic evening

7110 BELAIR ROAD BALTIMORE, MD 21206

				18 81
	en er etchiegte			
-1-04-2		131.54		

DHMH - 16 60M 7/B4

(VRA 15, 4)

064354

FOR STATE

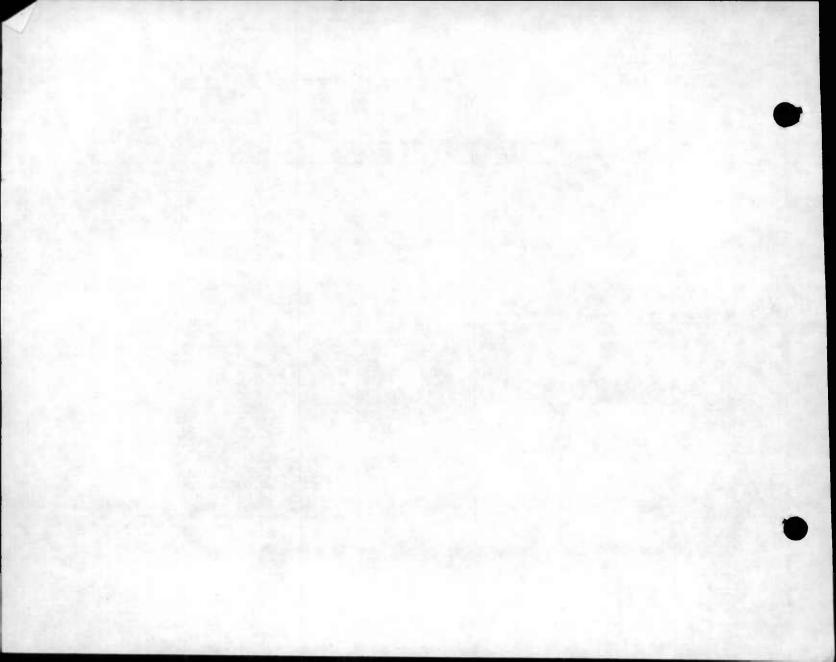
	STATE OF M	ARYLAND	
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE

CERTIFICATE OF DEATH

Ą	REGISTRAR		LKIIIICAII	LOIDEAING	FG. No	6 4	9	
1	DECEASED NAME FIRST	NMN	Fic	Kus	20 DATE OF DEATH	8 27	87 2t	1235 P
	1. SEX	W 5.	DATE OF BIRT	t 22, 1906	6 AGE (IN YEARS LAST BIRT)	MONTHS		FUNDER 24 HRS
1	COUNTRY)	TICLA	MARRIED .	NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DE	EATH	MD.
	10. CITY OR TOWN OF DEATH 11. NA	AME OF HOSPITAL, NURSING H	OME OR OTH	ER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife		KIND OF E	BUSINESS OR
	UAL RESIDENCE (IF NURSING HOME OR OTHER IN 13b COUNTY Harford	STITUTION GIVE RESIDENCE BEFORE ADM 13c. CITY OR TOWN Street			13e.STREET ADDRESS / 2867 Dublin	ZIP CODE	154	
2	William Wesley	Hipkins		OTHER'S MAIDEN NAM FIRST Kate	MIDDLE Anna		Tarbe	
	160 WAS DECEASED EVER IN U.S. ARMED FO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR NO			seph P. Fic	1012 kus,Jr.Gam	Christ	mas La	ane 21054
1	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDIT	UE TO, OR AS A CONSEQUENCE (b) CONTRIBUTING TO DEA B. CONDITION FOR WHICH OPI	E OF O		Darley TO	20b. IF YES, WER IN CERTIFYING YES	RE FINDING CAUSES OF	
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e AND WHILE (A)	b. TIME OF INJURY IOUR A.M. MONTH DAY P.M. PLACE OF INJURY THOME STREET FACTORY OFFICE FARM	YEAR 19	OCATION STREET	ED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I O		STATE
1	22a. I certify that (1) (this hospital) atta	the body after death	DEGRE	E ATTENDING	MEDICAL STAF	F _		ot (I) (we) lost puses stated
	(SPECIFY)	DATE 23c NAM Aug. 31,1987	Ascens:	ry or crematory	23d LOCATION CITY OR TOWN Scarboro	Haj	rford	d 21.098
	24 FUNERAL DIRECTOR Harkins Funeral Home	ADDRESS	St., D	elta, PAUG	THE TOTAL BY REGISTRAN	Sh REGISTRAR'S		Lee

AUG 5 1 MBE J. L. Miller Specen

Void Death Certificate #87-23650



J62130

1	1	FOR	DEP		E OF MARYLAND IEALTH AND MENTAL HYG	IENE AN ANN	-19 6
30 AUG	To	STATE		CERTIF	ICATE OF DEATH	2 3 6	5
K		CEASED NAME WARELL			Galinis :	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deod	2.00	WILLIAD				6. AGE (IN YEARS LAST BIRTHDAY)	4 87 8.50 N
after.	3. SE	Male	4. RACE Caucasian	5. DATE (DAY OP	70	MONTHS DAYS HOURS MIN
Pour		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8		9 BALTIMORE CITY OR COU	NTY OF DEATH
72	· ·	N. J.	U.S.A.	WIDOWI	DX NEVER MARRIED DIVORCED	Harford Co	ounty MI
led with	10 CI	TY OR TOWN OF DEATH Fallston	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE: Fallston Gen	STREET ADDRESS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Machinist	ng life 12b. KIND OF BUSINESS OR INDUSTRY Beth. Steel
300		AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	
22		Md. Hari		t Hill	YES NOX	1632 Rebecca	Ct. Apt. B 21050
MI	D. FA	THER'S NAME FIRST	MIOOLE LAST		15. MOTHER'S MAIDEN NAM	WE	tast.
100	No. V	John VAS DECEASED EVER IN U.S. AR	Galinis	SECURITY NO.	Anna 17. INFORMANT	ADDRESS	-
/		(IF YES, GIV	WAR OR DATES)			~1413 F	Kalme Rd.,
4	-	No	216-03		June Potter	(agntr) Fores	St Hill Md. 21050 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ent, 1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		Sailure	· CON NOTOSI	5 Ness Aridasi	BETWEEN ONSET AND DEATH
fic ev		IMMEDIAT			CONTROLLET	Tarp Madon.	2 4/12
on, o		Conditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF	Emphysema	· CHE, ASCVO	
er fro		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF	0.11	0	
to		underlying couse lost.	(c)_	EGOENCE OF	CVA WOW	多	
יליטוֹר, מ	N N	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
prior sany in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. If	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
giene	RTIF					YES NO	YES NO
18 s		210 ACCIDENT WAS UNDERLYING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)
hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION		
70	MEC	WHILE I NOT WHILE I	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
Hork		220.1 certify that (I) (this hospit	ol) attended the decoared fo	× 8.	3 10 87	8-4	19.83 that (I) (we) last
l is		sow the deceased alive an	0-4	0 5	nd that in (my) (our) opinion o	death occurred on the date and	hour and from the couses stated
em 2		obove, (I) (we) (did) (did no 22b. SIGNATURE	A sew the book after death	-	DEGREE		22c DATE SIGNED
T. If It	100	Pa		1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/4/87.
AN		22d. PHYSICIAN'S NAME (TYPE O	PRINT)		22e ADDRESS		
MPORTANT:		B. D. PAR	EKH MJ).		1908 HAR	FORD RD, FAL	1570N, MD21041
		SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY MG.
_	24 FI	BURIAL	8/7/87	Oak :		Baltimore E REC'D. BY REGISTRAR 286 RE-	^ .
60M 7/84		INERSCHIMUNEK FUN	NERAL HOME, IN	Gs.	236 AUG	7 1007	Drugate

See Poduja

063811

STATE OF MARYLAND

~	1.	FOR STATE			DEP		EALTH AND MENT		ENE		Time.			
G	26	17 ISTRAR				CERTII	ICATE OF DEAT	ID /		REG. N	3 6	5	2	
1	1. DEC	CEASED NAME	FIRST	A	AIDDLE		LAST	147	20 DATE OF	FDEATH	MONTH	DAY	YEAR	26 HQUR
	(III)	David	10	rome	,	Gara	lner			8	15	87	8	17/01
	3. SE)			RACE		5. DATE	011 21		6 AGE (IN)	YEARS LAST BIR	THDAY	IF UNDE	RIVEAR	IF UNDER 24 HRS
	18	MALE		Black		MONT	27 Y	EAR 59		27	YRS.	MONTHS	DAYS	HOURS MIN.
A		RTHPLACE (STATE OR F	OREIGN 76.	CITIZEN OF	WHAT COUN	ITRY? 8			9 BALTIMO	RE CITY C			ATH	
		GEORGIA		U.S	5.A.	WIDOW	D NEVER MARRI	_	+	Har	ford	C	0	MD.
1	10 CI	TY OR TOWN OF DEA	TH 11	. NAME OF H	HOSPITAL, NI	URSING HOME	OR OTHER INSTITUTE		120. USUAL	OCCUPAT	ION	12b.	KIND OF	BUSINESS OR
7	Fa	115 ton	The House of the	talls	ton (o enero	11 Hosp		S/SGT		-		USTRY I. S.	ARMY
1	13a. S		136. COUNTY	1	13c. CITY OR		134, INSIDE CITY LIA	MITS?	13e.STREET	ADDRESS .	ZIP COI	DE		
2		Md.	P.G.	C.	EDGEW	OOD	YES X NO		6655	DR	IDER	CT.	2]	1040
1	A FA	ATHER'S NAME FIRST	MC	DOLE	LAS	7	15. MOTHER'S MAIL	DEN NAM	/E	WIDDLE			LAST	
Ų	/	TOMMY	FRA		GARD		WIL	LI				BE	ARD	
5		VAS DECEASED EVER	(IF YES, GIVE W	AR OR DATES	16b. SOCIAL	SECURITY NO.	17 INFORMANT	^		ADDRE	.55			
	and the same	YES	ACTIV	E DUTY	254-	21-3120	IRENE P.	GARI	ONER	(S	AME	AS	TTEN	
1		18 CAUSE OF DEATH PART I. DEATH W	H (Enter anly	ane cause per	lige for (a), (110					ķΙ.,		APPROXIM BETWEEN ON	NATE INTERVAL
			IMMEDIATE (0-1	sieer	<u> </u>							
				DUE TO, OF	RASACONS	EQUENCE OF								
1		Conditions, if ony,		(b)	PUI									
		gove rise to imm couse (a), statin	g the	DUE TO, OF	RAS A CONS	EQUENCE OF								
		underlying couse	last.	(c)	der	er con								
1	7	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEAS	EORCON	DITION G	IVEN IN	PART 110	
	CERTIFICATION													
1	ICA	190 DATE OF OPERAT	TION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED)	20a AUTO	OPSY"	20b. IF Y IN CERT	ES, WERI (IFYING (FINDING	GS USED OF DEATH?
	RTIE				C C YOU INCO		1	537	YES 🗌	МОМ		YES 🗌		NO 🗌
1		OR CONTRIBUTING		HOUR A.		DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER THA	TURE OF THE	June 18	TIOR	PART 2}	
	ICAI	(IF EITHER NOTIFY MEDIC	CALEXAMINER)	P.J		16	1 1			1	/	1		71.
	MEDICAL	21d INJURY OCCURE		21e PLACE C	OF INJURY SET, FACTORY, OR	HICE SARW (C)	ZIE LOCATION			confes	· 1	100	una/	Male of
		AT WORK AT WO	RK		100000000000000000000000000000000000000	17	10/0			A	VY	1	11	-
		22a.l certify that (I)	-	offended the	e deceased f	OF nog	14/1/19.	70.07	, to	4	· V.	10_		not (II (wyf last
		saw the decease abave, (I) (we) (o	hq) (did yat	new the body	after death.		nd that th (myt) (our)	opinion de	eoth accurre	ed an the de	ote and ha	our and	pm the co	uses signed
		22b. SIGNATURE	XL	210	1 /	1	DEGREE	Louis	MEDICAL	STAI		.22	THE S	INNER O
		(14	4		1	PHYSIC		DIRECTOR				01,	
		226. PHYSICIAN'S	ME LINE OR PI				The ADDRESS	($^{\circ}()$.0.1	1.0	1		
4			4400	1			1604		-000	our.	04	10	10	
-	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF	EMETERY OR CREMA	ATORY	23d LOCA	ATION	2-1	COUN	TY	STATE
		BURIAL		8-22-1	.987	COOL SP	RING CEMET	PERY	AM	ERICU	S,	SUM		O. , GA.
	24 FU	INERAL DIRECTOR			ADDI	RESS		250 DATE	REC'D. BY R	REGISTRAR	25b. REGIS	STRAR'S	SIGNATU	RE

DHMH - 16 60M 7/84

BP.

to FUNERAL DIRECTOR, A should be detached for use with the State Dept, of Heal WPORTANT, If Nem 21 is m

W. W. CHAMBERS CO. (VRA 15, 4)

RIVERDALE, Md. 20737

Office of the second

the contents of materials and the state of the second state of the second state of the second s ent. Trope and the second of t THE THE THE PARTY OF THE PARTY TES COUNTRY TOTAL CHICAGO THESE S. MARKES (SUISE AD THE 1933) AKTERNE, CEMER CO., EL.

Lungo.M. To Helium I. I.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YGIEN	IE	2	3	0	5	
		M	REG. N	10.	.33	-1
20	DATE	OF DE	ATH	HINOM	DAY	

	Constar	nce M. Gilpin		August 18,	1987
3	Female	4 RACE White	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24
7a	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED M DIVORCED	9 BALTIMORE CITY OR COL	UNTY OF DEATH
1	Fallston 21047	11. NAME OF HOSPITAL, NURSIN HE NOT IN SUCH FACILITY, GIVE STREET 2006 Angleside	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Sales Clerk	ING LIFE) 126 KIND OF BUSINES INDUSTRY Department
13	STATE 1136 COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY I 3c. CITY OR TOW Fallsto	n 13d INSIDE CITY LIMITS?	2006 Anglesio	ie Rd. 21047
20	FATHER'S NAME Leo Jesse	wilkins LAST	15 MOTHER'S MAIDEN N	May Gladu	LAS1
160		WE WAR OR DATES) 16b SOCIAL SECU			A Armeliff Rd.
1 40 00	Canditians, if any, which gave rise to immediate cause tol, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	cell co-of	Kidney (r	
7 INCAT	THE DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEAT YES NO
9 DICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH DA	2) E. HOW INJURY OCCUI	RRED ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
/ AM	NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY 51
+	the deceased alive on	ital) attended the deceased from 19 20 VVW the body after death	ATTENDING PHYSICIAN	death occurred an the date and birector Physician Salem Rd.	226 DATESIGNED
736	BURIAL CREMATION, REMOVAL	WHEN MY			21087
	Suragl	8721/87 G	andens of Faith	Faltimore C	o., Md. 5

To Jan W. Personne P. Billion September The Bright Mile Class nothing THE RESERVE OF THE PARTY OF THE THE THE SERVE OF STORY Aprile - bee we market ENAME AND STREET position of a man practice of the process of the pr THE THE CAME WAS A PROPERTY OF THE Electrical (See Percharge Fets) 12 475 18 21/2 18 18 21/2 8/3 CIWILLIA IND Flyllis Kitulon MD stor Jerusalem Ko Kintsufly .b .o minimum of the more values the General and the four age of the St. The profession and the second section with 063480

	1-	FOR - STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYGI ICATE OF DEATH	ENE 2 3	6 5	Carlo I	
A	JG .	CEASED NAME FIRST PARE LA PRINTE PRINTE PRINTE PARE LA PRINTE PARE			Fross	1	tuy 17	1987	HOUR 17
	3. SE)	Ferale	White	S. DATE (6 AGE (IN YEARS LAST BIRT	MDAY) W IF UN		UNDER 24 HPS
72		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	75 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED .	9 BALTIMORE CITY <u>OI</u>		arord	MD
6	10 CI	WIL de GYNCE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACULTY, GIVE STREET HATOVAL HALL		HOS PITAL	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Homemaker		26 KIND OF B NDUSTRY	USINESS OR
200	13a S	AL RESIDENCE (IF NURSING HOME OF				130 STREET ADDRESS /	ZIP CODE	d Rd,	21078
20	A FA	ATHER'S NAME FIRST Frank	MIDDLE LAST Cullum		15 MOTHER'S MAIDEN NAM	e Morr		Cu1	
1		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO N/A	/E WAR OR DATES)		Lois Cleary	1803 Glen Darlingto	Cove R	d. 2103	4
		PART I. DEATH WAS CAUSE	nly one cause per line for (a), 1b1, on ID BY: TE CAUSE (a) CAR \$10 R		ATORY FAILL	RE.		APPROXIMAT	
		Conditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUI	RDIA	L INFAR	CTION.		4	DAYS.
	-	underlying cause last.	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERMI	INAL DISEASE OR CONE	DITION GIVEN I	N PART Ira	
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES OF	
9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	71c HOW INJURY OCCURR			-	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
		saw the deceased alive or	atal) attended the deceased from 19	7	nd that in (my) (aust apinion o	eath occurred on the do	te and hour one		t (I) (we) last uses stated
		27b. SIGNATURE	Caui		DEGREE ATTENDING PHYSICIAN X	MEDICAL STAF		220 DATE SIG	K).

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

230 BURIAL, CREMATION, REMOVAL Burial 8/20/87

KAMRUDN

23c NAME OF CEMETERY OR CREMATORY

Mt. Zion Methodist Cem Bel Air

Md'. Harford

24 FUNERAL DIRECTOR Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399

23b. DATE

1315.UNION

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE AND 2 1 1987

THE THE PHYSICIAN: The low

fulled in by the funeral director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	107367.4		540	
2	3	0	5	3
-	SNO			100

I DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONIH DAY YEAR 26 HOUR	Z	1. B	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.			
SEX SEX SAGE SA	£	I DE	CEASED NAME	FIRST		MIDDLE	L	AST		H' DAY	YEAR	26 HOUR
SEK SACE SDATE OF BRITH SACE		(I TANK		vtie		Α.	H	Iall	August 11	, 19	87	11:46 APM
Female Jan 25, 1916 71 vs 71		3 SE)			4 RACE				6 AGE (IN YEARS LAST BIRTHDAY			
The BRITHPIACE (SHEP OF CONTROL 10 CONTR			Female	L 1934	Whi	te	-		71			
Virginia USA Woowed Decided Harford	ma		RTHPLACE (STATE OR	FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	NEVER MARRIED	9 BALTIMORE CITY OR CO	OYTHUC	FDEATH	
Fallston Fallston General Hospital Fall Rispierce in Management with a statement and a	3		Virginia		USA				Harford		-	MD.
Maryland Harford Havre de Grac Maryland Maryland Harford Havre de Grac Maryland	7			HTA	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		TYPE OF WORK FOR MOST OF WO	RKING LIFE)		
Table Tabl	#6 ₁₀			SING HOME OF				spital	Hodgewile			(2)
IF FATHER'S NAME James J	6	13a. S	STATE	136 COUN	JTY	13c CITY OR TOW	N				2	INTX
James G. Teel Sarah Amanda Wimmer 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 217-64-2654 Norman Heck Bdgewood, Md. 21040 18 CAUSE OF DEATH. Enter only one course per line/bg (a), (b) U.S. C.	_			Har	ford	Havre de	e Grac			Ave	. 0	7010
18 CAUSE OF DEATH. Enter only one course prey fine for jos, ib. gold ic. PART.I DEATH WAS CAUSED BY PART.I DEATH WAS CAUSED BY DUE TO, ORAS A CONSTONENCE OF Conditions, if any, which gover rise to immediate course lost Due to, ORAS A CONSTONENCE OF Conditions, if any, which gover rise to immediate course lost Due to, ORAS A CONSTONENCE OF Conditions, if any, which gover rise to immediate course lost Due to, ORAS A CONSTONENCE OF Due to, ORAS A	Ó	14 FA	FIRST			-		FIRST	AIDDLE		Wim	mer
18 CAUSE OF DEATH. Enter only one course prey fine for jos, ib. gold ic. PART.I DEATH WAS CAUSED BY PART.I DEATH WAS CAUSED BY DUE TO, ORAS A CONSTONENCE OF Conditions, if any, which gover rise to immediate course lost Due to, ORAS A CONSTONENCE OF Conditions, if any, which gover rise to immediate course lost Due to, ORAS A CONSTONENCE OF Conditions, if any, which gover rise to immediate course lost Due to, ORAS A CONSTONENCE OF Due to, ORAS A								17 INFORMANT	628 Hav	en P	lace	T 55 (2)
18 CAUSE OF DEATH Enter only one couse psyline by 101, 151, 151, 151, 151, 151, 151, 151,	£.	(,		(IF YES GIV		217-64-2	2654	Norman Heck	Edgewoo	od, M	1d. 2	21040
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse to, stating the underlying cause lost [2] DUE TO, OR AS A CONSEQUENCE OF CONDITION SCONTENLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISCASS OF CONDITION OWEN PART TO THE TERMINAL DISCASS OF CONDITION OF CONDITION OWEN PART TO THE TERMINAL DISCASS OF CONDITION OF				H (Enter ar	ly ane cause per	line for (a), (b), a	dic.		•—	7	APPRO!	XIMATE INTERVAL
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost (c). Stating the underlying couse of Death (c). Stating the underlying the underlying couse of Death (c). Stating the underlying couse of Death (c). Stating the underlying the underlying couse of Death (c). Stating the underlying the			PART I. DEATH W	VAS CAUSE	D BY:	aron		especal	very are	20	1	
Conditions, if any, which gove rise to immediate course tot immediate course stated and course tot immediate course tot immediate course tot immediate course tot immediate course stated and course tot immediate course tot immediate course tot immediate course stated and course tot immediate course tot immediate course stated and course tot immediate course stated and course tot immediate course tot immediate course stated and course tot immediate course tot immediate course stated and course tot immediate course stated and course tot immediate course tot immediate course stated and course tot immediate course tot immediate course	2		157 81	IMMEDIA		· Occurrent	NOT OF	-0	1 1	100		
Government Constitution Consti			Canditions it any	which	DUE TO, O	les Constant	INCE OF	provesul	usury	tech	ene	4
PART 2/OTHER AIGNIFICANT CONDITIONS CONTURE ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTANCE CONDITION OF CONTURE ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTANCE CONDITION OF CONDITION FOR WHICH OPERATION WAS PERFORMED 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO Y		1	gave rise to im	mediate	16)	0		6	1 100	1	1	/
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 286 AUTOPSY? 278 WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES N	H				DUE TO, O	BASA CONSEQUE	NCE	ul sea	I tai	ter	01	
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 286 AUTOPSY? 278 WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES N			PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONT WING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINALDISEASE OF COMBINE	ON GIVEN	PAPARTI	ier-
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 1 AT HOME. STREET, FACTORY OFFICE, FARM. ETC.) 21l LOCATION STREET CITY OR TOWN COUNTY STATE TOWN TOWN		Z	lerte	ten	reter	loter (Re	down	endua		2000	
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 1 AT HOME. STREET, FACTORY OFFICE, FARM. ETC.) 21l LOCATION STREET CITY OR TOWN COUNTY STATE TOWN TOWN		AT	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED				
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 1 AT HOME. STREET, FACTORY OFFICE, FARM. ETC.) 21l LOCATION STREET CITY OR TOWN COUNTY STATE TOWN TOWN	7	E									NG CAUSE	
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 1 AT HOME. STREET, FACTORY OFFICE, FARM. ETC.) 21l LOCATION STREET CITY OR TOWN COUNTY STATE TOWN TOWN	-	E S	210 ACCIDENT WAS UN	DERLYING [21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	TEM 18 PART	T : OR PART 2)	
The centre of the house of the deceosed from the control of the deceosed from the de	1				ATH							
The centre of the house of the deceosed from the control of the deceosed from the de		5			_		19	211 LOCATION				
The third of the horizon of the deceased from the course of the date and have and from the causes stated and the course of the date and have and from the causes stated and the course of the date and have and from the causes stated and the course of the date and have and from the causes stated and the causes		2	west VI NOVE	HILL TIME	(AT HOME, ST	REET, FACTORY OFFICE, F	ARM, ETC)	STREET	CITY OR TOWN		COUNTY	STATE
236 BURIAL, CREMATION, REMOVAL RESPECIFY Burial Aug. 15,1987 Principio Cemetery Perry Ville Cecil Maryland			1	-	turnedad th	ne deceased tram	1/4	WE 610 84	, Aug 17	19	19	that (I) (we) last
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR			sow the decod	ed alive of	dug.	19-6	17	nd that in (my) (aur) apinian	death accurred on the date of	nd haur a	and from the	
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA		-	- Commission of the Control of the C	did) (did no	r le bady	after death.			The second of		Theorie	ESIONED
236 BURIAL CREMATION, REMOVAL RISE Aug. 15,1987 Principio Cemetery Perry Ville Cecil Maryland			MIX	·	De /	c -		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN		1/13	1
236 BURIAL CREMATION, REMOVAL Aug. 15,1987 Principio Cemetery Perry Ville Cecil Maryland	H	1	ILL PHYSICIAN'S N	AME (TYPE		- 111			11 / h.	11/	- 0	- Consis
Burial Aug. 15,1987 Principio Cemetery Perryville Cecii™ Maryland	Н	7	141	1/14	Towa	y M.	. 50	1 50 WW	100 1008.	1990	66 //-	God
									23d LOCATION	0	GOWNTY A.	STATES
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ALL 20 1087			Buria	II	Aug. I	5,1987 F	rinci	1				
		24	THE DRICTOR	WEIGH	70K+0S	ON ADDRESS		25a. PA	TE REC'D. BY REGISTRAR 256	REGISTRA	R'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HINERAL DESCRICE, this certificate has been signed by the contract of the please in the buriol-transit permit. Then please in the buriol-transit permit. Then please in the permit permit to buriol, cramping the permit permit to buriol, cramping the permit to the permit permit to the permit permit to the permit per

FOR

is a statement of and are additional in the second of

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR STATE

GISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	3	0	5	0
REG.	NO.	- 73	-53	1

1	200	ASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	ONTH DAY YEAR	26 HOUR 25
1	111000	ESTHER	V	HALL		8	-15-87	3 am
ł	1. SEX		I. RACE	5. DATE OF BIR	TH	6 AGE IN YEARS LAST BIRTH	DAY) IF UNDER LYEAR	
ı	F	Enrent 6	NEGRO	MONTH	18-04	82	YRS.	HOURS MIN.
ł	7a. H.III	THPLACE (STATE OR FOREIGN 7	L CITIZEN OF WHAT COUNTR	Y? 8.		9 BALTIMORE CITY OR		
1	D	OUNTRY)	1100		NEVER MARRIED U	MARKING	D Cours	UTVMD
4	10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	WIDOWED SING HOME OR OT		120 USUAL OCCUPATIO	N 12b. KIND C	OF BUSINESS OR
	FF	PLLSTON	FALLS TOD	GED H	osp.	TO MEMO	WORKING LIFE) INDUSTRY	
1		L RESIDENCE HE NURSING HOME OF C			INSIDE CITY LIMITS?	13. STREET ADDRESS /	ZIP CODE	
١	M	conservation and the land of t	FORD FARLS		NO [1 AA	ONKOOD 21	047
٦	14. FA	THER'S NAME	NDDLE LAST	15. A	NOTHER'S MAIDEN NA	ME	LA	St
1	6	JALTER VO	HNSDN	/	BLINE.	WATKINS	3	
٦		AS DECEASED EVER IN U.S. ARM	MED FORCES? 16b. SOCIAL SE	CURITY NO. 17 1	FORMANT	ADDRES	0	
1	61	(IF YES, GIVE	21336	7752 1	IR KIND E. F	ALL 2912 GU	YFON KOAD 2	1041
ı		18 CAUSE OF DEATH (Enter only	y ane cause per line for (a), (b),	ond cul		2 /		ONSET AND DEATH
1		PART I. DEATH WAS CAUSED	BY. E CAUSE (o)	and	ac a	met.		
1		17011001111	DUE TO, OR AS A CONSEC	DUENCE OF T	1	+1010		
d		Conditions, if any, which	(16)	F.	morats	· ms / DIC	- •	
1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF	0	- 10-		
١		underlying cause last.	(c)	SOLINCE OF	Hma	sanca.		
١		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	O DEATH BUT NOT	RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 1	0
	NO.							
ř	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	CH OPERATION WA	AS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDS IN CERTIFYING CAUSES	
	213					YES NO	YES 🗌	NO []
ì	8	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH		HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF)		LOCATION	CITY OR TOW	n county	STATE
	2	AT WORK AT WORK	(A. HOME, SIRCE), FACTORI, OTT	- /	1	01		
		220.1 certify that (1) (this hospital	of ottended the deceased fro	m_8/12	, 19.8), to	19 87	that (1) (we) last
		saw the deceased alive an above, (1) (we) (did) (did	new the body of Er death.	and the	nt/in (my) (our) apinion	death occurred on the dat	e and hour and from the	causes stated
1		276 SIGNATURE	nal	DEGI		Paris III		SIGNED
		11	10	77.	ATTENDING PHYSICIAN [MEDICAL STAFF		
T		224 PHYSICIAN'S NAME IT DE OF	PRINTI	324	ADDRESS	21	Fan O	111
		VIV	ME	12-8/11	21121	see and	No har-sa	em
		JURIAL, CREMATION, REMOVAL	23b. DATE 2	3 NAME OF CEME	ERY OR CREMATORY	23d LOCATION	1 COUNTY	ETATE
		BURIAL	8-20-87 4	TIGHVEID !	1EM, GARDE	EM FALLSTON		Co. Mo
		BURIAL UNERAL DIRECTOR	1222 W. NOR		25a. DA	EM FALLSTON	SHEGISTRADSGIGNA	Co. Mo

JOSAPH L. RUSS 2222 W. NORTH AUG

STATE OF MARYLAND

PREG.	3	6	5	7
RLO.	140			

063598 AUG 2	518	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE 9 7 6	e H
	I. DEC	EASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO	DAY YEAR 26 HOUR
by be death	(TYPE	Jane	L.	JOHNSON	8	18 87 M
4 may	3. SEX		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
0 0 v		Female	Pegro	9 19 23	63 YRS	
orth. Pog		OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
deo de		W Jersey TY OR TOWN OF DEATH	USA 1. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
201	18	ivre de Graco	HAT OTH SUCH FACILITY, GIVE STREET	orial Hosp	Domestic Help	GLIFE) INDUSTRY
35	13a. S		130 CITY OR TOW	N 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	DE ATOM ATOM LIOO
MARYLI MARYLI	14 FA	Michael	Britt	15. MOTHER'S MAIDEN NO. Theresa	AME MIDDLE	UNKNOWN
BALTIMORE, MARYLAND 21201 Cole be exercised in the 24 hapman special and complementation in special forms on the complementation in the special forms of the cole. It the exercise forms of the cole in the cole		(AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES GIVE Y NO N/A	ED FORCES? 166 SOCIAL SECU		1244 Bat son,Jr. Havre de	tery Drive Grace, Md. 21078
T., BAL physics on paper emoved		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I W. PRESTON is that the death ce by the attending ose remove carb. I, cremation, or ather traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS ACONSEQUE	religy to	Slune	
RDS, 201 equires th a signed to Then pleo to burtal.	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (GIVEN IN PART 110
LI RECORDS,	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. 4F IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \equiv
DIVISION OF VITAL PLYSICIAN: The attending physicia ther this certificate in as the burnel framility in and Mental Hygie h and Mental Hygie acked or feer 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	IS PART I OR PART 2)
NO THE STATE OF	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
IVIS THE THE PARTY OF THE PARTY	Σ	AT WORK AT WORK	TAL HOME STREET PACTORY OFFICE P	ARM, ETC.)		
TTENDS or period or for users of Health		22a 1 certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did nat)	9-18 10 %	and that in (my) (aur) apinion	death accurred an the date and h	. 19
SPITAL OR A 1 by the hot VERAL DIRECT be denothed 5 fore Dept		226. SIGNATURE	Electu	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 22c. Defee \$10 050
O HOSFIITA toched by O FUNERA hauld be de in the Stot		22d. PHYS CLANS TAME	T. Lee	Mwon,	ruel cal of	and c
21.49.57	230 B	URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	B	urial	8/24/87 Ha	rford Mem. Gardens		
DHMH - 16 60M 7/84		NAME	ADDRESS	AÜG 3	24 1987 STRANDS REG	ISTRAR'S STECHATURAL
(VRA 15, 4)	Ta	rring Funeral Ho	me.PA.Aberdeen.	Md. 21001-33991		

STATE OF MARYLAND 064204 AUG 81 870R

		REGISTRAR			CERTIF	CAILOID	EMIN	REG	. NO.	- 1			
1		EASED NAME FIRST	M	IDDLE		AST	19	20 DATE OF DEATH	H MONTH	DAY	YEAR	2b. HOUR	R
	(TYPE	OR PRINT) MAIRY	IRE	NE	KI	LEIN			8	26	87	75	SAM
	3. SEX		TA RACE		5. DATE O	F BIRTH		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UND	DER I YEAR	IF UNDER 2	24 HRS
		Female	· Can	ite"	12	4 °	<u> 1899</u>	87	7 YRS	MONTHS	DAYS	HOURS	MIN.
10		THPLACE (STATE OR FOREIGN	75: CITIZEN OF V	VHAT COUNTRY?	B	NEVER A	ADDIED [9 BALTIMORE CIT	Y OR COUN	TY OF D	EATH		
)	Ma	aryland	1	S.A.	WIDOWE	DIX DA	ORCED	11/	RFOR	-			MD.
	F	ALLS TON	FALL:	2.014	EN ER	AL HO	OSPITAL	(TYPE OF WORK FOR MO Homema	ST OF WORKING	G LIFE) IN	KIND OF DUSTRY Home		SS OR
1	130. S Maj	ryland Har	FORD	Bel Ai	ADMISSION) T	136. INSIDE C	_	716 W. R	ing	Pact	ory	Rd.	
)	_	THER'S NAME Ohn	B.	Fitch		Marga	maiden NAM	AE MIDDI	3	Sip	ple		
	16a W	AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMA			DRESS18				
	Nč	(AS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, G NO	ne war or dates)	214-20-	3301	Ferdi	nand '	W/ Klein	Bel	Air	·, Md.	.210	14
		PART 1. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIEMCANT	DUE TO, OR DUE TO, OR DUE TO, OR (c)	AS A CONSEQUE AS A CONSEQUE WITHBUTING TO C	ek	enal ydir	Fril	me inablistas Porc	ONDITION	GIVERNIK) a	At l	up I
	NO	Adeisson	te He	and Pro	learl	m	Mill	wholste	40	you	in He	and i	more
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CER		CAUSES (H ₂
9	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d IN JURY OCCURRED WHILE AI WORK 220.1 certify that (1) (this hosp sow the depressed give o above, (1) (we) Gird) (did in 22b. SIGNATURE	21e. PLACE C (AT HOME STATE	A. MONTH	8	211 LOCATIC STREET	., 19 <u>87</u>	, to	or town	, 19 khour ond	OUNTY . 1	that (1) causes sta	TATE
1		22d PHYSICIAN'S NAME (TYPE	ORPRINT)	MEL		22e ADDRES	w S	bux son	lun	n	l	210	0)
	C	URIAL, CREMATION, REMOVA PECETALION	23b. DATE 8-27-	87 R.A	A. FEI		co.		ester		este		a.
		INERAL DIRECTOR		1317	okes	bury l	ROLLINGPAH	RE D1987 IST	AR 756 RITG	ISTBAR'S	SIBOLADO	dista	
	Hor	ward K. McCo	mas III	Abingo	lon, M	d.2100	09		1				

DHMH - 16 60M 7/84 (VRA 15, 4)

W 13 92 1 2 41 8

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

2 3 0 5 y

U 4	0 0	INCOISTRAN.						REG. NC	/.			
		LEASED NAME FIRST	MIDI	DLE		AST	26 7 1	20 DATE OF DEATH	HINON	DAY YEAR	26 HOU	
	(TYPE	ORPRINT) Lawrence	P	1	10/50	2	18.5-9	8 -	23	- 87	132	Pu
	3. SEX		4 RACE		5 DATE O	E RIRTH		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER	74 HRS
	3. 3E A				MONTH	DAY	YE AR			MONTHS DAYS	HOURS	MIN.
		Male	White		Aug.	12, 192		66	YRS			
1		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WH	IAT COUNTRY?	8. MARRIET	X NEVER MARI	RIED -	9 BALTIMORE CITY O				
7	-	hnstown. Pa.	U.S.A.		WIDOWE			HARF	ORD			MD.
-		TY OR TOWN OF DEATH	11. NAME OF HO		G HOME O	R OTHER INSTITUT	ION	120 USUAL OCCUPATE		126. KIND O	F BUSINE	SSOR
21	E	Fayston		ACILITY, GIVE STREET	ADDRESS)	e Hospit	40.	TRETURK FORMOST OF	sette	INDUSTRY	tern	Elec
0		AL RESIDENCE (IF NURSING HOME OR	1	E RESIDENCE BEFORE		e Hospii			•	WC3	CCIII	LICC
6	13a S	TATE 1136 COUN	TY 13	CITY OR TOW		13d. INSIDE CITY L	IMITS?	13e.STREET ADDRESS / 801 Moores	ZIP COP	E Da O1	014	
	MS	aryland Hai	rford	Bel Air		YES NO			SMILL	. Ra. ZII	J 14	
12	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MA	IDEN NAM	MIDDLE		LAS	1	
10		Florian		Kolson		7 1831	Mary			Kra	nkota	E
1		AS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE		Manna	1427	0-1
1	4	ES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	175-18-8	8321	Mrs. Gla	idvs K	olson, Bela	801 air,M	Id. Moores	4M111	I Ka.
/						1110. 010	id) o i	010011, 0010			MATE INTER	
		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE)	y one couse per lin			Taka T	_			BETWEEN	ONSET AND	DEATH
- 1		IMMEDIAT	E CAUSE (0)	arac	ac	ares			-			
	0.1		DUE TO, OR A	MEONSEQUE	NCE OF	- 0	1	+		20 14		
		Conditions, if any, which	1 000	myor	card	ear of	you	cum			1100	
		gove rise to immediate couse (o), stoting the			Luce me	41	~V .	0	7			
		underlying cause last.	DUE TO, OPT	A CONSEGUE	icker	otra (m. A	1 mascel 1	u	20		
			10.00	· · ·			2000	4,	-			
	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO L	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CONL	JIIION GI	IVEN IN PART IS	D	
	CERTIFICATION							Tan AUTORCY?	Took If VI	ES, WERE FINDIN	NOC HEEL	
1	CA	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORME	:D	20a AUTOPSY?		IFYING CAUSES		
	TIE							YES NO	Y	res 🗌	NO []
1	CE	21a. ACCIDENT WAS UNDERLYING	110110 4 44		AY YEAR	21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)		
7	AL	OR CONTRIBUTING CAUSE OF DEA	in .	MONTH DA	19							
1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	INJURY		211. LOCATION						
	ME	The first terms of the second		FACTORY, OFFICE, F	ARM ETC)	STREET		CITY OR TO	VN	COUNTY	5	TATE
					8-2	3	87	X-23	-	87		
		22a.1 certify that (1) (this haspit	tol) ottended the o	ecoused from_	0	, I	9	, to			that (I) (v	
		saw the deceased olive an obave, (I) (we) (did) (did no			, ar	nd that in (my) (au) opinion d	eoth occurred on the do	te ond ho	our and from the	causes sto	oted
		226 SIGNATURE	1 -	1		DEGREE				22c. DATE	SIGNED	
		KernyTP.	Snove	1	U	ATTE	NDING	MEDICAL STAF	FIANT	8-2	5-8	7
1		22d PHYSICIAN'S NAME (TYPE O	R PRINTI	~		22e ADDRESS	SICIAIN A	DIRECTOR ENTINO	4		. 0-	,
/		V 11 07	21 1	1 1/1	W	151	116	Aug	13	1 40	Mr.X.	41014
		NERMIT P.	SONOVIC	in m	CV	1134 1	71CKO	Ry NUC	00	1 10. 1	1-10	
		BURIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREA	MATORY	236 LOCATION CITY OR TOWN		COUNTY	5	TATE
		Burial	8-27-19	87 B	elair	Memorial	Gard		LT	Harford	Mc	j.
		JNERAL DIRECTOR					250 DATE	REC'D. BY REGISTRAR	256 REGIS	STRAR'S SIGNA	URE	0.
84	F	F.Lassahn, 11750	RelairRo	. Kingsy	ille	Md. 21087	AU(3 2 6 1987	fullar	Davidson-P	anpre	
		ri +Lassainig ±1/20		TELLINGS V.		1007		10011	4			- 0

DHMH - 16 60M 7/84 (VRA 15, 4) ector. poge 4 may be 7 9 0

executed within 24 hours

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	3	0	6	1
REG. NO	O	111	-17	

	-	STATE REGISTRAR			CERTII	ICATE OF DEA	ATH Z	REG. N	0	0 0	
1952 AIN	1. DG	ENCED NAME	FIRST	MIDDLE		LAST	20	DATE OF DEATH	MONTH DA	Y YEAR 2	Th HOUR
S S S NO	T. T.	ODINI)	Soseph	G. SK	. Ku	they	- 1	A	na 2	1987	11 PM
od od	3. SE		4. RA		5. DATE			AGE (IN YEARS LAST BIR			HOURS MIN.
ge 4 ector irs aft	1	Male		white	MONI		1908	78	YRS.		
2 42 2/2		RTHPLACE (STATE OR FO	REIGN 76 CT	TIZEN OF WHAT COUN	TRY? 8	D NEVER MAI	RRIED -	BALTIMORE CITY C	R COUNTY C	OF DEATH	
6/12	We	UNSU/UANI		USA	WIDOW		RCED 🗆		Harter	1	MD
1	10.01	Ure de Grac	- / 11	AME OF HOSPITAL, NU	TREET ADDRESS	los vataL	JTION 12	THE OF WORK FOR MOST OF	OF WORKING LIFE)	INDUSTRY	BUSINESS OR
hours be find	USU	AL RESIDENCE (IF NURSIN		INSTITUTION, GIVE RESIDENCE I	BEFORE ADMISSION	134 INSIDECITY	HAITS? 13	e.STREET ADDRESS	/ ZIP CODE		
24 filled		Md.	CeciL		ra		0 🗆		berty	nove	21917
athin 2 sh	MIF	THER'S NAME	WIDDIE	I LAST		15 MOTHER'S M	AIDEN NAME	MIDDLE	0	7 PLAST	
boo ond	亿	essie	E.	KeiTt	dey	E	mmA	A 11		GAIN	er
ond co	160.4	VAS DECEASED EVER II	U.S. ARMED F	ORCES! 166 SOCIAL	SECURITY NO.	17 INFORMANT	11 111	2499	ESSLIDA	city (hove.
Po o B		100	N/I	4 111-10.	3948	1DOCA/	gerth/4	(0/	OCA	MO	01911
ysicinoper oper ovol.		18 CAUSE OF DEATH	Enter only one	course for line for (a), (b	122.1	0- 9	1	1- 0		BETWEEN ON	ISET AND DEATH
ertifi g ph bonp remo			MMEDIATE	USE (o),	cape	re 1	nyee	onia		12	year
endir endir n, or		G Par M	7.5	DUE TO, OR AND A CONS	EQUENCESOF	100	and do	and		?	V
motion from		Conditions, if ony, gove rise to imm	ediate	(1)	must be	10	7	/_	A		,
by the		couse (a), stating underlying couse	lost.	DUE TO ON AS WEONS	Miai	= Xec	nighe	usation	Asci	10/W	eek.
	z	PART 2 OTHER SIGN	IFICANT COND	ITIONS <u>CONTRIBUTING</u>	TO DEATH BU	T NOT RELATED TO	THE SERMIN	ALDISEASE OR CON	OTTION GIVE	OIL TRACE NO.	
133	ERTIFICATION	19a DATE OF OPERAT	ION	96 CONDITION FOR W	HICH OPERATE	DALWAS PERFORM	AED.	20a AUTOPSY?		WERE FINDING	
o contraction	문							YES TI NON	IN CERTIFY	ING CAUSES C	NO []
A The The Hygie Hygie	1	21a ACCIDENT WAS UND		TIME OF INJURY			RY OCCURRE	ENTER NATURE OF INJU	JRY IN ITEM 18 PA	RT 1 OR PART 2)	
phy	A P	OR CONTRIBUTING C	BOOL OF DEATH	HOUR A.M. MONTH	DAY YEAR						
HYSIA Iding buring Or He	MEDICAL	21d INJURY OCCURR	ED 2	Te PLACE OF INJURY	-	211 LOCATION		CITY OR TO	OWN	COUNTY	STATE
otter the sthe	₹	WHILE NOT WHI	(E	AT HOME STREET, FACTORY OF	HHIE TARM ETC]	3,422		-		48.00	
A Africa A A A A A A A A A A A A A A A A A A A		22a.1 certify that (1)	this hospital) a	trended the deceased f	rom 971-	20	19_8	, to	21		hat (II (we) list
TTEP pprto CTO6 for of H		sow the decease above (1) (we) (d	d olive on_ id) (did not) view	the body ofter disuth.	19	and that in (my) (o	ur) opinion de	oth occurred on the c	lote and hour		1
OR he hor DIRE Oched		22b. SIGNATURE	for.	101 -	- M	DEGRATE ATT	ENDING	MEDICAL STA	AFF	The DATE !	NONED S
TAL Ny th RAL deto deto		-	749	x CINOR	mil.	22e ADDIESS	YSICIAN A	DIRECTOR PHYSI	CIAN	0/.	1/2/
O HOSPITAL eroined by the TO FUNERAL should be det with the Stote	/	THE PHYSICIAN'S NA	ME (TYPE OR PRIN		1.0	Har	mo 1	Do Eng	ce.	Mod	21070
TO HOS ertorned TO FUR with the	22	1-13u	1920		IN. D	CEMETERY OR CR	EMATORY	236 LOCATION	LE,	1.00(1	-10/8
BP	730	BURIAL, CREMATION, I	EMOVAL 13	8-5-87	Wast	NAHINAL		CITY OR TOWN	4 (PC.	CIM
	24. F	UNERAL DIRECTOR		V	R	C /s	7777	REC'D. BY REGISTRAL			IDE
DHMH - 16 60M 7/84 (VRA 15, 4)	1	2 T. FOLDE	DEIN	eal Hom	PESS 11131	ng sala	BUA	5 1987	Julia 1	Condum-R	adall

		ron.				OF MARYLAND	I IIVOIPUE				
062723 AU	G 1	TAN REGISTRAR		DEPAKIN		EALTH AND MENTA CATE OF DEATH		REG. NO	3 5	6	
oy be death		PRISCIL		WARD	L	NCH	20. 1	DATE OF DEATH	NONTH E	1187	5, 25 PM
ctor, pag	3. SEX	Female	1. RACE	H	5. DATE C		ARII 6. A	GE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Page Heral direction of the Pa		RTHPLACE (STATE OR FOREIGN OUNTRY) Tyland	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIE	D U	HARF	ORI	OFDEATH	MD.
offer de montes		21Ston	11. NAME OF		IG HOME C	ROTHER INSTITUTION	1126. (TYF	USUAL OCCUPATION OF OF WORLD FOR WOR	ON WORKING LIFT		OF BUSINESS OR
24 hours	13a. S			GIVE RESIDENCE BEFORE 13c. CITY OR TOW Fallstor	'N	134. INSIDE CITY LIM		STREET ADDRESS /		ce 2	1047
d within appletely and 2 ho	MA	THER'S NAME FIRST Robert Dic	WIDDLE	Ward		15. MOTHER'S MAID	- U	MIDDLE Ann		Beati	
Pages L	160 V	AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU 216-56-33		17 INFORMANT Robert D.:	Lynch,	ADDRE		Street	t.Md.21154
ificate be physician npapers. I moval vent, the		18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUSE		<u> </u>		1.	rato	74 97790	7		ONSET AND DEATH
oth certi rending p e carbon an, ar ren	7	4100	DUE TO, C	R AS A CONSEOUR	ENCE OF	vocardi	al	'in lane	tion	1	month
hot the de by the att ase remand, il, crematic		Conditions, if ony, which gave rise to immediate couse (01, stating the underlying couse last.	DUE TO, C	R AS A CONSEQUE	ENCE OF	tion -		rejerc		25	5 min.
equires the signed Then ples to to burion injury, or	NOI	PART 2. OTHER SIGNIFICANT	Frac Frac	ere (R)	DEATH BUT	NOT RELATED TO THE	E TERMINAL	10	m fo		0.
he low r on. hos bee t permit. ene pria	CERTIFICATION	7/31/87	19b COND	ITION FOR WHICH	OPERATION OF	n was performed		YES NO NO		WERE FINDI YING CAUSES S	
SICIAN: TI ng physici certificate rial-transit ental Hygi		234 ACCIDENT WAS UNDERSTORD [OR CONTRIBUTING [] CAUSE OF DE	30.16		AY YEAR	TIL HOW INJUST O	OCCURRED	(EMILE NATURE OF INTO	Er Philippin (M. F	481 + OR FART 2)	
DING PHYSi or attending After this ce is as the buri alth and Me marked or th	MEDICAL	214 INJURY OCCURRED	ZIe PLACE	OF INJURY		ZIF LOCATION		CITY OR TO	7	county	STATE
TENDIN or or use as or use as of Health		72s I certify that (1) (this hosp saw the deceased also or above, (1) (we) (did) (did in			85/0	19_ 1 shat in (my) 1001) o	87 opinion death	to h occurred on the do	ate and hou	ond from the	that it (wri) last couses stated
ral OR at y the hosp (at DIREC detached to oute Dept		77h SIGNATURE	15 21	hiz E	> n	DEGREE ATTENE		AEDICAL STAI		22t DATE	PAIGNED /87
HOSPIII Inned b FUNER Wild be h the St	M	22d PHYSICIAN'S NAME (TYPE		PIRIS		Tata ADDRESS		ire DR	5.50.	3 to	w 50 9 21204
D = D = M		SPECIFY)				emetery or crema		234 LOCATION CITY OR TOWN	p	county	STATE Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)	HO	Burial UNERAL DIRECTOR Ward K. McComas	s III, A	bingdom;	Md. 2	1009	AUG .	C'D. BY REGISTRAR			

manuscript in the school of the second

					19 11 0011
			(MARINE)	WILLIAM STATE	
The second second	The se				
97494					
To the American Local Sea					
					reyor.
round year of latter	dane.			.9	ar.
				13 20	26.00
	- N-2	9	14.74		

AUG 13 YORF

STATE OF MARYLAND

62408 AUG 1

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTA HYGIENE

P 3	- 7	200	-	
2	3	0	0	
7.2				

ı	7	STATE REGISTRAR			CERTIF	ICATE OF DEAT	H (REG. NO	24	0 6	had.	
1		EASED NAME FIRST TOSE		AIDDLE	M	ANKO	2	0 07112 01 0211111	8 6	87	26 HOU	IR A M
1	3. SEX	MALE	1 RACE Cauca	sion	5. DATE C		EAR 6	AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER	MIN.
5		THPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF USA		MARRIE		ED	BALTIMORE CITY O	ARFO	RD		MD.
0	FA	LLSTON	FALLST	DA GE	EN ERA	L HOSPIT	- 1	le USUAL OCCUPATION TYPE OF WORK FOR MOST O Retired—	F WORKING LIFE)		F BUSINE	SS OR
6	13a. S	A	OTHER INSTITUTION.	13c. CITY OR TO	OWN	13d INSIDE CITY LIV YES \(\text{NO} \)		P.O. BOX 166	ZIP CODE	9,4	314	9
6	/	THER'S NAME Stephen		nko LAST		Mary	DEN NAME	WIDDLE		LAS	1	
5		(IF YES, GU YES W	MED FORCES?	218-07		FatherRo	odneyM	lanko 7719v			2122	
	NOI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO O	R AS A CONSE	OUENCE OF	Cup lus		ulual a				
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHI	ICH OPERATIC	N WAS PERFORMED) 	20g AUTOPSY?		WERE FINDIF		TH?
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 210. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp saw the deceased alive or	21e. PLACE (AT HOME ST	M. MONTH M. OF INJURY REET, FACTORY, OFFI	IQE FARM, ETC I	211 LOCATION STREET	27	CITY OR TO	wn, 1	COUNTY	that (II (
/		above, (1) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE Walter Zaw	, ay	after death.	u	DEGREE ATTEN PHYS Me ADDRESS Halls	HOING ICIAN I	MEDICAL STADIRECTOR PHYSIC		22c. DATE	SIGNED	>
		SURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 8/10/	and the second		EMETERY OR CREM		23d LOCATION CITY OR TOWN	Raltin	county		STATE
		uneral director onnelly Funeral				a romes		REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNA	URE	and _

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR

THE REPORT OF THE PROPERTY OF

Party Standard Comment of the Commen

Line William Committee and the state of the

Agency Let an index of the last of the las

and the transfer

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

2	3	0	Ó	4
REG.	NO.			1

/	3. SE	Male	4 RACE	$W_{ m hite}$	5. DATE C	125/26 YEAR	6 AGE IM YEARS LAST B	YRS	MONTHS DAYS HOURS
28	Ma	IRTHPLACE (STATE OR FOREIGN COUNTRY) ASSACHUSETTS	V.	S .	WIDOWE		HAR FOR	LD (COUNTY
12	P	ALLS CON	FAL	SUCH FACILITY, GIVE STREET	GEN	HOSPITAL	Nicht Wat	chman A TCH	126 KIND OF BUSINES INDUSTRY Auto
B	130 /K			ON, GIVE RESIDENCE BEFO 13t. CITY OR TO EDGEV		13d INSIDE CITY LIMITS? YES NO K		ZIP COD	FIN ROCK V
1.2	12	Robert	MIDDLE L.	McNally		Marie	L.		Fleury
medico /	1	141 10	RMED FORCES WE WAR OR DATES a-Viet r	DOULO	6298	Theresa Jack			Edgewood,Md. 1-B. Fountair
movol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly one couse p ED BY (TE GAUSE (o))	MY OCAL	evi Ar	- INTARCI	ioN		APPROXIMATE INTERV BETWEEN ONSET AND D
, . E			DUE TO	OR AS A CONSEO	UENCE OF	/ LOI	TAMARIA.	An A	ictor=
to burial, cremation, njury, ar other trauma	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO	OR AS A CONSEC	UENCE OF	NOT RELATED TO THE TERY OISEA	AINAL DISEASE OR CO		
in perior. Then please remove a length of particular to burial, cremation, on other traums	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO	OR AS A CONSEOUS CONTRIBUTING TO VAS A	UENCE OF	NOT RELATED TO THE TER/	AINAL DISEASE OR CO	20b. IF YE	
Aental Hygiene prior to burial, cremation, ritem 18 stores any injury, or other traums	DICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE	DUE TO. CONDITIONS 19b COM 19b COM HOUR HOUR	OR AS A CONSEO CONTRIBUTING TO VAS A NDITION FOR WHICE E OF INJURY A.M. MONTH P.M.	UENCE OF DEATH BUT H OPERATIO	NOT RELATED TO THE TERM OF STATE NOT RELATED TO THE TERM OF STATE NOT RELATED TO THE TERM OF STATE O	AINAL DISEASE OR CO	NDITION GI	IVEN IN PART 1:0 ES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES
os in equicardansi permir. Interpreta entrace in and Mental Hygene prior to burial, creention, arked or Item 18 skovs any injury, ar other traum.	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost 198 PART 2 OTHER SIGNIFICANT 198 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	CONDITIONS CONDITIONS 19b COP 19b COP 21b TIMM HOUR 21e PLACE	OR AS A CONSEO CONTRIBUTING TO VASCA NOTITION FOR WHICE E OF INJURY A.M. MONTH	UENCE OF DEATH BUT H OPERATIO DAY YEAR 19	NOT RELATED TO THE TERA	AINAL DISEASE OR CO	20b. IF YE IN CERT	IVEN IN PART 1:0 ES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES
them I	/	gave rise to immediate cause (a), stafting the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY DEPLAYED	CONDITIONS 196 COP 196 COP 216 TIM HOUR 216 PLAC (AT HOME	OR AS A CONSEO CONTRIBUTING TO CONTRIB	UENCE OF DEATH BUT H OPERATIO DAY YEAR 19 E. FARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUP 211. LOCATION	AINAL DISEASE OR CO 200 AUTOPSY? YES NOTER NATURE OF IN	20b. IF YE IN CERT YOURY IN ITEM 18	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES NO PART 1 OR PART 2) COUNTY ST.
Coned for use as the burght. Dept of Health and Mental I I Hem 21 is marked or Item 1	/	gave rise to immediate cause (a), stating the underlying cause lost part 2 OTHER SIGNIFICANT 198 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 18 ETHER NOTHER MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (I) (this hosp sow the deceased give on the deceased giv	CONDITIONS 196 COP 196 COP 216 TIM HOUR (AT HOME	OR AS A CONSEO CONTRIBUTING TO CONTRIB	UENCE OF DEATH BUT H OPERATIO DAY YEAR 19 E. FARM ETC.)	NOT RELATED TO THE TERM OF STATE 21c. HOW INJURY OCCUR 21l. LOCATION STREET Of STATE OF STATE ATTENDING PHYSICIAN	AINAL DISEASE OR CO 200 AUTOPSY? YES NOTER NATURE OF IN CITY OR deoth occurred on the	20b. IF YE IN CERT YOURY IN ITEM 18	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES NO PART 1 OR PART 2) COUNTY ST.
them I	/	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE LITTURE CAUSE OF DE LITTURE CAUSE OF DE LITTURE CAUSE	CONDITIONS 196 COP 196 COP 216 TIM HOUR (AT HOME	OR AS A CONSEO CONTRIBUTING TO CONTRIBUTING CONTRIBUTING	UENCE OF DEATH BUT H OPERATIO DAY YEAR 19 E. FARM ETC.)	NOT RELATED TO THE TERAL N WAS PERFORMED 21c. HOW INJURY OCCUP 21l. LOCATION STREET 21l. LOCATION DEGREE ATTENDING PHYSICIAN 22s-ADDRESS	AINAL DISEASE OR CO 200 AUTOPSY? YES NOTER NATURE OF IN CITY OR 1 deoth occurred on the	20b. IF YE IN CERT YOURY IN ITEM 18	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES NO PART 1 OR PART 2) COUNTY ST.

1 --- 10

SEP 1 1987 1 - City Color

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	3	0	0	5
640	0		-	

062843 AUG	FOR BEATE BEGISTRAR			CERTIFICATE OF DEATH REG. NO.							
oy be oge 3 deoth		CE'ASED NAME OR PRINT)	euloh	V	MIDDLE		Mears	20 DATE OF DEATH	9.9	1987	7:35 M
tor p	3 SE	Female	4. RA	White		5. DATE C		4. AGE INVENSIASTE	O VES	o occur in the man	OURS MIN.
deoth. Poge	7a. BI	RTHPLACE (STATE OR		ITIZEN OF Y	WHAT COUNTRY?	0	D NEVER MARRIED		OR COUNTY	OF DEATH	
to offer		aryland TY OR TOWN OF DE.	ATH 11.	NAME OF H	R FORD	ADDRESS)	DROTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST Home maker	1014	126 KIND OF B INDUSTRY	USINESS OR
within 24 hour	130. S Ma	AL RESIDENCE (# NUR TATE ryland THER'S NAME	SING HOME OR OTHER 136 COUNTY Harfor		GIVE RESIDENCE BEFORE 134. CITY OR TOW Aberdeen	M	13d. INSIDE CITY LIMITS? YES NO K	3624 Churc		Rd. 210	001
RE, MARY a completed with)	Danie1	Dud1e		Waters		Mary	Susan		Marstell	lar
IMORE, nond co. Poges 1	- (VAS DECEASED EVER VES NO OR UNKNOWN) NO	IN U.S. ARMED (IF YES GIVE WAR N/A		214-20-		Kathryn M.	Hildebrand 16		rdeen 2 R	204
ST., BALI		18 CAUSE OF DEATH lEnter only one couse per line for 101, 101, and 101 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) APPROXIMATE INTERVAL BETWEEN ONSEI AND DEATH PART I. DEATH WAS CAUSED BY									
that the death control in the teach control in the control in the control in the control in the transmotion of the transmotion		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF PLOS CLERO TIC. DUE TO, OR AS A CONSEQUENCE OF PLOS CLERO TIC. DUE TO, OR AS A CONSEQUENCE OF PLOS CLERO TIC. DUE TO, OR AS A CONSEQUENCE OF PLOS CLERO TIC. DUE TO, OR AS A CONSEQUENCE OF PLOS CLERO TIC.									
Dow requires	CERTIFICATION	PART 2. LELER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 196 DATE OF OPERALON 196 CONDITION OR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IN CERTIFYING CAUSES OF DEATH?									
OF VITAL I		210 ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ			NO []
DIVISION OF NG PHYSICIA r ottending p Mile the mile os the bending ith and Mental orket or lim	MEDICAL	21d INJURY OCCUR	RED :	21e PLACE			211 LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
To o o o o o o o o o o o o o o o o o o		220.1 certify that (1) (this hospital) attended the deceased from									
PITAL OR ATT by the hospin EERAL DIRECTY Stote Dept of ANT: If them 2		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF 221. PHYSICIAN'S NAME (TYPE OF PRINT) 122. PHYSICIAN'S NAME (TYPE OF PRINT) 123. PHYSICIAN'S NAME (TYPE OF PRINT)									
O HOSPI etoined b TO FUNE should be with the S		DAN	TEL	101	JAKI	L	ADDRESS ADDRESS	edi Gr	oce,	Mel 2	1078
BP		BURIAL, CREMATION SPECIFY Burial		8/12/8			EMETERY OR CREMATOR U. Meth. Ce	CITY OR TOWN	На	rford	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR NAME Tring Fune	eral Hom	e,PA,	Aberdeen.	,Md.21		ATE REC'D. BY REGISTRAL		RAR'S SIGNATUR	

34,3-1

المرابلة ف

Account to the second s

712 4110 2	1	STATE REGISTRAR								
A C AUG Z		CEASED NAME FIRST	Dolores	E.	YERR	Merryman	20 DATE OF DEATH		6/30PA	
and)	3. SE	Female	4 RACE Whi	te	S. DATE		& AGE (IN YEARS LAST B	MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	
th. Pog	70 B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	TH .	
	Maryland III CITY OR TOWN OF DEATH		11. NAME OF	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b, KIND OF BUSINESS O			
de d	13a	Belair AL RESIDENCE (IF NURSING HOME) STATE NO. 10	E OR OTHER INSTITUTION	13c. CITY OR TOV	RE ADMISSION)	13d. INSIDE CITY LIMITS?	Home make			
NO		aryland Ba	ltimore	Baltimo	ore	YES NO KX	1105 Arr	an Road	21239	
1230		Martin W. E	. Dippel	LAST		Catherine	Connally		LAST	
11 22		VAS DECEASED EVER IN U.S. YES, NO GRUNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	219-18-		Maryann Baue	r 720 Edge		21014 Belair,M	
thending phy ve corberted on, of tempor umatic entry		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	DUE TO, C	or line for (o), (b), or	1	scular a	levosis	DEF	PPROXIMATE INTERVAL WEEN ONSET AND DEATH	
ires that the de gned by the at in please remov burial, cremation ry, ar ather train	z	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	ONTRIBUTING TO	read	NOT RELATED TO THE TERM	feneral INAL DISEASE OR COR	NOITION GIVEN IN PA	RT 110	
has been sit permit. The seme prior to	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	- OPERATIO	ON WAS PERFORMED	20a AUTOPSY2 YES NOXX	206. IF YES, WERE F IN CERTIFYING CA YES		
ng physicia certificate vial-transit ental Hygi- item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	.M. MONTH D	AY YEAR	21L HOW INJURY OCCURI	RED (ENTER NATURE OF INJ	JURY IN ITEM 18 PART I OR PA	RT 7)	
attendiate this as the bin thank in and in arked ar	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR T	IOWN COUN	STATE	
spital or CTOR: A Ifor use of Health		220.1 certify that (1) (this his saw the deceased alive above, (1) (we) (and) (dis	on And.	2/ 19/	1	nd that in (my) (aut) eqinion	death occurred on the			
by the ho ERAL DIRE e detached State Dept		226 SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D								
TO HOSPITAL retained by th TO FUNERAL should be dett with the State IMPORTANT: B		BEN TEXM MAN ST. KULAN MAN ST. KULAN MAN ST. KULAN MAN								
Bb 5 € 3 ₹		BURIAL, CREMATION, REMOVE (SPECIFY) BURIAL	AL 236. DATE Aug 2!	123c. 5, 1987 Du	NAME OF	Valley Mem.	23d LOCATION CITY OF TOWN	COUNTY	STATE	
DHMH 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR Dip	oel tuner	al Home.	Inc.	IX IYE	E REC'D. BY REGISTRA		Andre!	
(400 13, 4)		7110 Belair Ro	ad Balt	imore, MD	2120	16	00032 ()			

Items, 18a., 22a., G-631, by Med. Ex., / Gbstate of Maryland

mail makes where I be to make Mill I have been start for their arms. It has been a

the manufacture of the state of the state of

of the con, lucture, lo

20 187 STATE 063301 ral director, page 3 72 hours after death death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

, 01	REGISTRAR					REG.			
	CEASED NAME	FIRST	MIDDLE	LAS	st	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(CLITTIS	ALVERTIA	MOX	XLEY	August 1	18, 198	37	3:30 Z
3. SEX	(4. RACE		5. DATE OF		6 AGE (IN YEARS LAST!	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 H
	'emale	Whi	te	Sept.	26, 1902	84	YRS.	MONTHS DATS	HOURS M
	RTHPLACE (STATE OR I		N OF WHAT COUNTRY?	MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	100
	th Carolin		USA	WIDOWED	DIVORCED [Harfo	ord Co	unty	
	Joppa	141	E OF HOSPITAL, NURSIN I'IN SUCH FACILITY, GIVE STREET 6 Old Joppa	Road	OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS) HOUSEW	TION OF WORKING LI LEE	126 KIND (INDUSTRY	OF BUSINESS
13a S	al residence (15 Nurs STATE Saryland	ING HOME OR OTHER INSTIT 136 COUNTY Harford	13t. CITY OR TOW Joppa	VN 1	136. INSIDE CITY LIMITS?	1416 Old			1085
	OSCAT	James	Sparks	1	is. Mother's maiden n	Josephine	2	Mays '	NST .
160 W	VAS DECEASED EVER	IN U.S. ARMED FORCE		URITY NO. 1	17 INFORMANT			21085	
(4)	no or unknown)	(IF YES, GIVE WAR OR DA	215-50-	5011	Marsia A To	ffers, 1416			oT. be
1		H (Ento) only one cay	se per line for (a), (b), or		MILLE A. UE	TICIS, 1410	OIG O		XIMATE INTERVAL
	Conditions, if any		TO, OR AS A CONSEQUE	IENCE OF	cd AS	CVP			, 21
E E	gove rise to immocouse (a), stating underlying couse	, which mediate mg the lost. DUE To the lost.	TO, OR AS A CONSEOU	DEATH BUT N	OT RELATED TO THE TEI	RMINAL DISEASE OR CO	20b. IF YE IN CERTI	VEN IN PART 1	INGS USED
CERTIFICAT	gove rise to improve (o), static underlying couse	, which mediate ng the lost. NIFICANT CONDITION TION 196 C	ID, OR AS A CONSEOU 10, OR AS A CONSEOU 10, OR AS A CONSEOU 10	DEATH BUT N	OT RELATED TO THE TEI	RMINAL DISEASE OR CO	20b. IF YE IN CERTI	S, WERE FINDI FYING CAUSE ES []	INGS USED S OF DEATH?
ICAL CERTIFICAT	gove rise to imicouse (o), stofin underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNI	, which mediate mediate mediate mediate mediate mediate. Due to the lost. NIFICANT CONDITION TION T	ID, OR AS A CONSEQUENT ON THE OF INJURY	DEATH BUT N H OPERATION PAY YEAR 19	OT RELATED TO THE TEI	RMINAL DISEASE OR CO	20b. IF YE IN CERTI YI JURY IN ITEM 18	S, WERE FINDI FYING CAUSE ES []	INGS USED S OF DEATH? NO
MEDICAL CERTIFICAT	gove rise to improve to improve (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTIFY MED) 21a IN JURY OCCURING AT WOOR AT WORK AT	which mediate	ID) TO, OR AS A CONSEOU CO, NS CONTRIBUTING TO ONDITION FOR WHICH IME OF INJURY IR A.M. MONTH D P.M. LACE OF INJURY ME, STREET, FACTORY, OFFICE.	DEATH BUT N H OPERATION DAY YEAR 19 FARM, ETC.) DE	WAS PERFORMED 21c. HOW INJURY OCCU 211 LOCATION STREET 19 that in (my) (our) opinion EGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO URRED (ENTER NATURE OF IN	20b. IF YE IN CERTI YI YI JURY IN ITEM 18	S, WERE FIND IFYING CAUSE ES PART + ORPART 2) COUNTY 19 19 27c DATE	NGS USED S OF DEATH? NO
MEDICAL CERTIFICAT	gove rise to improve to interest to intere	which mediate	IDO, OR AS A CONSEQUED, ON	DEATH BUT N H OPERATION DAY YEAR 19 FARM, ETC.) DE	WAS PERFORMED 21c. HOW INJURY OCCU 211 LOCATION STREET 1 that in (My) (our) opinion EGREE ATTENDING PHYSICIAN 21e ADDRESS	200 AUTOPSY? YES NO URRED (ENIER NATURE OF IN CITY OR The control of the cont	20b. IF YE IN CERTI YI YI ITEM 18	S, WERE FINDIFYING CAUSE ES PART + ORPART 2) COUNTY 19 27 ur ond 1 fm the 27 8-1	STATE thou (1) (we) e couses stated
MEDICAL CERTIFICAT	gove rise to improve to couse (a), stating underlying couse PART 2 OTHER SIGN 19th DATE OF OPERA 21th ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MED) 21th INJURY OCCUM. AT WORK NOTIFY MORE 1	which mediate nog the page that the page tha	ID) TO, OR AS A CONSEOU TO,	DEATH BUT N H OPERATION DAY YEAR 19 FARM, ETC.) DEC.	WAS PERFORMED 21c. HOW INJURY OCCU 211 LOCATION STREET 1 that in (My) (our) opinion EGREE ATTENDING PHYSICIAN 21e ADDRESS	200 AUTOPSY? YES NO JURED (ENTER NATURE OF IN CITY OR DIRECTOR PHYS) MEDICAL ST. MEDICAL ST. MEDICAL PHYS MED	20b. IF YE IN CERTI YI YI ITEM 18	S, WERE FIND IFYING CAUSE ES PART + ORPART 2) COUNTY 19 19 27c DATE	STATE thor/(1) (we) e couses stated

Howard K. McComas III, Abingdon, Md. 21009

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the retained by the haspital or ottending physician.

(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	0	100	A.	
2	3	0	0	7
11.1				

- RE	EGISTRAR					CERTIF	ICAIL UF	DEATH	RE	G. NO.	3		
1. DECEA	ASED NAME	FIRST		MIDDLE		L.	AST		20. DATE OF DEA		DAY	YEAR	76 HOUR
TYPE OR F	PRINT)	GEORGE		W	MUS	GROV	Æ		AUGUST 8	, 1987		О.	12:00MN
3. SEX		4	RACE			S. DATE C			6 AGE (IN YEARS L	AST BIRTHDAY]		DER I YEAR	
M	1ale		White			MONTH 11	5	16	70	YI	MONTH'	S. DAYS	HOURS MIN.
7s. BIRTH	IPLACE STATE	OR FOREIGN 7	CITIZEN OF	WHAT CO	UNTRY?	MARRIE	□ NEVER	MARRIED -	9. BALTIMORE C	TY OR COU	NTY OF D	EATH	
	rylan	d	USA			WIDOWE		NORCED [Harfor	d			ME
	OR TOWN OF		1. NAME OF I				R OTHER IN	MOITUTION	17a USUAL OCCU	JPATION			OF BUSINESS OR
PERI	RY POIN	T, MD	VA MED						Carpe		~ (#2)	DOSIKI	
USUAL R		I 13b. COUNT			OR TOWN		113d INSIDE	CITY LIMITS?	13e. STREET ADDR	1/300			
Ma	ryland	Harf	ord		e de	_		NO 🗌		oomsb	urv	Ave	2107
14 FATHI	ER'S NAME	M	DDLE		LAST		15 MOTHER	'S MAIDEN NA				LA	51
1	Charle	s		Muse	grove		N	ellie			. h	<i>l</i> arf	ield
	S DECEASED EN	ER IN U.S. ARM	ED FORCES?		IAL SECURI		17 INFORM	ANT	-	DDRESS 00 Be	ards berd	100	11,Rd.
Ye	S	WW	II	577-	-09-83	397	Loue	lla Ma	e Britt	on, A	berd		
18.	CAUSE OF DE	ATH Enter only	one couse per	line for Ja	a), (b), and	(c+.)						BETWEEN	ONSET AND DEATH
	PART I. DEAT	I WAS CAUSED IMMEDIATE		MET	LASTA	TIC C	CANCER		30,000				
			DUE TO, O	R AS A CC	ONSEQUEN	ICE OF							
	anditions, if a		(b)										
C	ove rise to ouse (a), st	oting the	DUE TO, O	R AS A CC	ONSEQUEN	ICE OF							
-	inderlying co	use last.	(Ic)						2.62				
	ART 2 OTHER S	IGNIFICANT CO	ONDITIONS CO	ONTRIBUT	ING TO DE	ATH BUT	NOT RELATE	D TO THE TERA	MINAL DISEASE OR	CONDITION	GIVEN IN	PART 1	.0
CERTIFICATION 1001	0.415 05 005	DATION	Tin covin	TIONICO	n willion o	OF DATIO	LIMAS BERE	00.450	70a AUTOPSY	201 (VEC WE	DE CINIDA	NGS USED
P	DATE OF OPE	KATION	198 COND	IIION FOI	K WHICH O	PERALIO	N WAS PERF	OKMED		IN C	RTIFYING	CAUSES	OF DEATH?
E 21	a. ACCIDENT WAS	UNDERLYING .	71b. TIME O	F IN II IRY	_	-	171r HOW I	NILIPY OCCUR	YES NO		YES	00.0407.71	NO 🗌
	R CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MOI	NTH DAY		The HOW	TOOK! OCCOR	(ENIER NATURE C	IN INJUNT IN THE	A IS PART I C	JRVARI 27	
~	d INJURY OCC		P. 71e. PLACE		· · · · · · · · · · · · · · · · · · ·	19	ZII LOCAT	ION					
Σ v	VHILE NO	T WHILE	I AT HOME, STE	REET, FACTOR	Y, OFFICE, FAR	IM, ETC)	STRE		Cff1	OR TOWN	C	OUNTY	STATE
		X(this hospita	I) attanded th		d from	TUNE	1	19_87_	to AIIG	UST 8	10	87	that 🅱 (we) lost
'"	sow the dec	eased alive on_	AUGUST	7	198	7 7	nd that in (m2)		death occurred on		hour and		
72	b SIMNATURE	e) (did) (%&&&)	view the body	ofter dea	th.		DEGREE				1:	22c. DAVE	SIGNED
1	Mil	.d//1.	21	. 16	in			ATTENDING	MEDICAL	STAFF		F/	1/17
77.	d. PHYSICIAN'S	NAME (TYPEON	March 7 4	11	1		22e. ADDRE		DIRECTOR P	HTSICIAN K	1	4/	/ -
l M	AI CHAEL	TAYLOR,	M.D.				VA ME	DTCAL (CENTER, P	ERRY P	OTNT	MD	
	IAL CREMATIC		73b. DATE		73, NA	ME OF C		CREMATORY	73d LOCATION		OINI,	, III	
ISPEC	CFY)		8/10/	87	236 147				CITY OR TO	WN	01	INTY	STATE
24 FUNE	ERAL DIRECTOR	ation	0/10/	07	IK.	Α.	Ferri		W. Ches		Ches GISTRAR'S		Pa.
		JNERAL H	IOME - A	BERDE	EEN N	M 21	001 33		1 1087	1	Devider	-0	
			, 11		,	-, 21	001-22	77	1307	VI.			

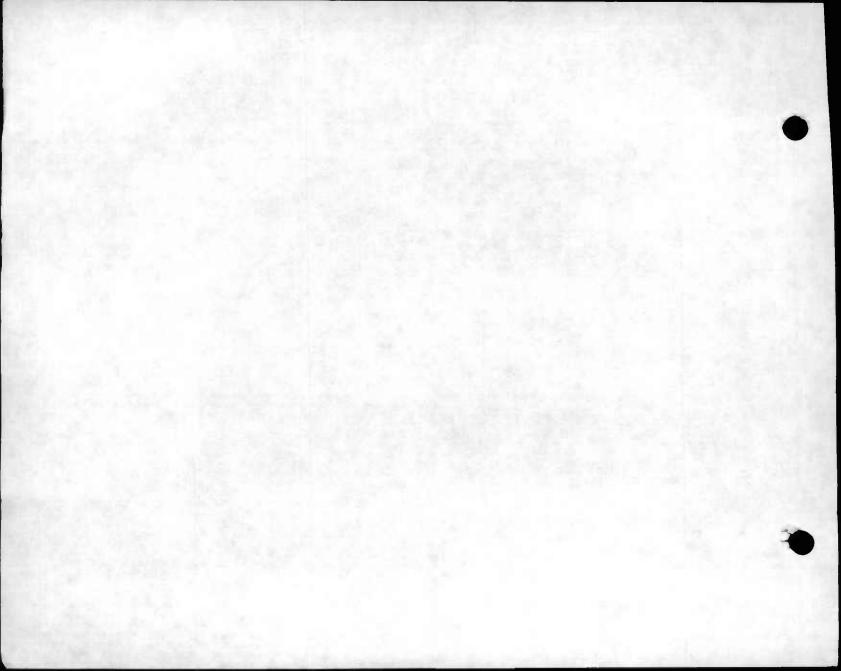
TO HOSPITAL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 1/81 (VRA 15, 4)

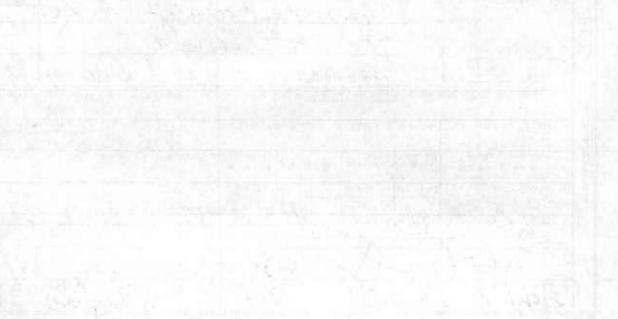
TO FUNERAL DIRECTOR.

should be detached for use as the burial-transit permit. Then MPC#TANT: If Item 21 is marked or Item 18 shows any Void Death Certificate #87-23670



AUG 13

4796 SEP	4 87 TATE 9/9/	87 DAD DEPA	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	4
oy be oge 3 death	1. DECEASED NAME	HERBERT C.	OSGOOD		27 87 25. HOUR 11:47.
ge 4 may ectar, pa rs after d	1 SEX M	4. RACE W	5. DATE OF BIRTH MONTH GAY 4 2.5 14	6. AGE (IN YEARS LAST BIRTHDAY) 73 YRS.	MONTHS DAYS HOURS MIN.
eath. Pag eral dir	BIRTHPLACE (STATE OR COUNTRY) MASS.	OREIGN 76. CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR COUNTY	Y OF DEATH REC MD.
rs offer de by the fur filed within	Be Ail	11. NAME OF HOSPITAL, NUF	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE IND. ENGINE	12b. KIND OF BUSINESS OR IFE) INDUSTRY
in 24 hav y filled in shauld be	130. STATE	13b. COUNTY 13c. CITY OR T	YES NO	130, STREET ADDRESS SANJOU	210/4/ 1000 Rd
ompletel	CLARENCE		15. MOTHER'S MAIDEN NA FIRST MARIA	N CHANEY	Apt, Fast
icrop and copers. Ragers of the medical	160 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	(IF YES, GIVE WAR OR DATES)		RA OSGOOD - WI	
is that the death certifica ed by the ottending phys please remove carbonpop priol, cremation, or remove , or ather troumatic event,	Conditions, if ony gove rise to imm couse (a), static underlying couse	which mediate (a) DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) DUE TO, OR AS A CONSE (c)	DI OPULANA OUENCE OF	of LUNG	3 YR JEWEN IN PART IN
in. I	190. DATE OF OPERA 210. ACCIDENT WAS UN		ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\cap \) NO \(\cap \)
SKCIAN: The ng physicial physicial certificate urial-transit vental Hygie tem 18 sho	OR CONTRIBUTING	CAUSE OF DEATH HOUR A.M. MONTH CALEXAMINER) P.M.	DAY YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	
TENDING PHY pital or ottendi TOR. Atter this for use on the but or the out of the of Health and A	The I certify that II	RED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF RE 1this base in all lattended the deceased fro distribution of the deceased fro distribution of the body after diagram.	ICE, FARM, ETC)	death occurred on the date and how	19 that (I) (we) lost ur and from the causes stated
SPITAL OR AN 15 by the house NERAL DIRECTOR A Shark Dept. LANT: If them.	274 SIGNATORE	Gulia	DEGREE ATTENDING PHYSICIAN TO ADDRESS	PMEDICAL STAFF DIRECTOR PHYSICIAN	12 DAY SIGNEY 87
TO HOS Infected To FUN WPORT	23a BURIAL CREMATION	PEMOVAL 1236 DATE	31 NAME OF CEMETERY OR CREMATORY	123d LOCATION	120 C. C.
BP	Remova 1	8-27-87		CITY OR TOWN [E REC'D. BY REGISTRAN 246, REM'S	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	NAME	tomy Board Ba	Sto., Md. SEP	03 1987 Julia Dia	Negot - Negota



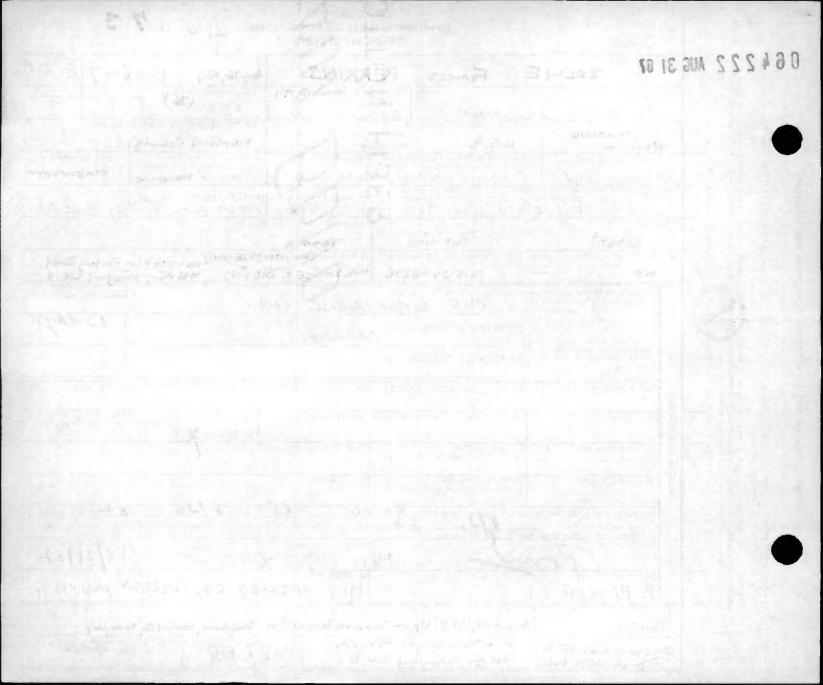


FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMEN CI

RTIFICATE OF DEATH	ENE Z 3	0		
RITICALE OF BEATIN	REG.,	NO.		
LAST	20. DATE OF DEATH	MONTH	DAY	Y

161222 111	106	CEASED NAME FIRST		MIDDLE	LAST		2a. DATE OF DEATH		DAY YEAR	26 HOUR
16 4 2.2 2 AUG	3	ZOLLI	E	FRANCES		KINS .	Aug. 26, 487	8-0	26-87	8-25A
ge 4 mo	3. SE	Female	1 RACE	180~	5. DATE OF BIR	TH MARCH 13, 1911 DAY YEAR 1 3	6. AGE IN YEARS LAST	(76) YRS	MONTHS DAYS	HOURS MIN.
ooth. Po		RTHPLACE ISTATE OR FOREIGN COUNTRY) Troutdale	76. CITIZEN C	F WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY			MD
s offer do	10. C	or town of DEATH		OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET,	G HOME OR OT	HER INSTITUTION	120 USUAL OCCUP. ITYPE OF WORK FOR MOSE Retired	ATION IT OF WORKING LI	126. KIND C	OF BUSINESS OR
n 24 hou	13a. S			ON, GIVE RESIDENCE BEFORE 13c. CITY OR TOWN BELAIN	N 13d.	□ NO 🔀	13e.STREET ADDRES		ctory Ro	and 21014
Ompletely with		ELBETT	MIDDLE	PETKIN		AOTHER'S MAIDEN NA	WIDDLE		LAS	
Call be executed within 24 can ond completely the parts. Poges 1 2 dd 2 st die		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES		236 m	NFORMAN DAUGHTE S. Louise F. P.	PIENINS B	WEST R	wouldson	21014
St. BA		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one cause p D BY: TE CAUSE (o)			ilure cu	A .		BETWEEN	MATE INTERVAL ONSET AND DEATH
S. 201 W. PRESTON Jine that the death of gned by the other re please semon of burial, spemanary of rey, or other traulians	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT ((b), DUE TO,	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO C	CA-	Lung.	INAL DISEASE OR CO	ONDITION GIV	/EN IN PART 10	any.
the low region of permit. The man prior to	CERTIFICATION	19a DATE OF OPERATION	196 CON	NDITION FOR WHICH	OPERATION WA	AS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
DIVISION OF VITAL RECORDS, 1.5. PHYSICIAN. The low-require offereding physician. There this centricote has been sign on the buried-hearist permit. Then the and Montel Hygerine perior to be acked on them 18 shippy cery injury acked on them 18 shippy cery injury.	7	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	HOW INJURY OCCUR	7			
NG PHYS other this on the bu- th and M- orked or I	MEDIC	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		CE OF INJURY STREET, FACTORY, OFFICE, F.		LOC ATION STREET	CITY OF	TOWN	COUNTY	STATE
ATTENDS oppital as CCTOS, A CCTOS, A CT		22a I certify that (I) (this haspi saw the deceased alive on abave, (I) (we) (did) (did no	8	125 198		t in (my) (our) opinion	. 10	date and hav		
If AL OR RAL DIRE to the by the to		22d. PHYSICIAN'S NAME TYPE O	m	>	MD.		MEDICAL S DIRECTOR PHY	TAFF SICIAN []	8/2	SIGNED 1
O HOSP to FUNE thought be with the S		B. PAREKH M	in.		10	108 HARF	ORD RD,	FALLST	ron ms	21047.
BP	1	BURIAL, CREMATION, REMOVAL Surial	August	29,1987 Up	per Cross Ro	ery or crematory		terfind Co.	Manyland	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	74 F	DEFENDENCIOR TOSTE		Hir Many	a Williams 2012	250 DAT AUG	2 7 1987	AR 25b. REGIST	TRAR'S SIGNAT	URE



1	G PATE REGISTRAR DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N 20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
dept	SEX MALES	hlack s	DATE OF BIRTH	6. AGE (IN YEARS LAST BI	RIMDAY) IF UNDER 1 YEAR IF UNDER 23 HRS MONTHS DATS HOURS MIN.
othors and direction of the state of the sta	BIRTHPLACE (STATE OR FOREIGN COUNTRY) ACY CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	MARRIED NEVER MARRIED MIDOWED DIVORCED HOME OR OTHER INSTITUTION	Harford 120 USUAL OCCUPAT	OR COUNTY OF DEATH M ION 126 KIND OF BUSINESS OF
100	SUAL RESIDENCE U NURSING HOME O 10. STATE 136 90	(IF NOT IN SUCH FACILITY, GIVE STREET ADI ROTHER INSTITUTION, GIVE RESIDENCE BEFORE AD NTY 130CITY OR TOWN CONTROL OF THE NEW YORK TOWN CONTROL OF THE	mission) 13d Inside City Limits?	13e STREET, ADDRESS	le
be exe	NO	RMED FORCES? 166 SOCIAL SECURIVE WAR ON DATES) 212-28-	15. MOTHER'S MAIDEN NAME OF STATE OF ST	AE ANDOLE SPR	Bradforp. Bradforp. Ess Carfield RO Avre de Grace M
inding physic cerban pape or removal.	PART 1. DEATH WAS CAUS	TE CAUSE (a) CHR. DI O NE DUE TO, OR AS A CONSEQUEN	SPIRATORY FAIL	UKE	APPROXIMATE INTERVAL IN BETWEEN ONSET AND DEATH 45 MINUTE
that the death d by the attend close remove or all, cremotion, or other tround	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DE HYDE	CE OF		48 HR8.
y, y		CONDITIONS CONTRIBUTING TO DE		20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
3 £ = L = L				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NOT THE NOTE OF PART 2)
NG PHYSICIA attending ph fiter this certifi os the burial-it th and Mental arked ar Item I	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHIE NOT WHIE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARI	19 211. LOCATION STREET	CITY OR TO	OWN COUNTY STATE
at OR ATTEND the hospital or at DIRECTOR. A etoched for use the Dept. of Heal	abave, (1) (200) (31d) (did n 22b. SIGNATURE	oital) attended the deceased from 19 5 at view the body after death.	DEGREE	medical sta	late and hour and from the causes stated 221. DATE SIGNED LEF CLAN
TO HOSPITAL retained by th TO FUNERAL should be deta with the State IMPORTANT:	22d. PHYSICIAN'S NAME (TYPE		22e ADDRESS		AE DE GRACE 21078
BP	BURIAL, CREMATION, REMOVA	236. DATE 236 NA 8-10-87 M	ME OF CEMETERY OR CREMATORY ZOAR	CONOW!	NUD CELL MIT

re or the same of

The season of th

Washington Commence of Section of the Silver of the Silver

A STATE OF THE PARTY OF THE PAR

The state of the s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 0 7

	95.0	1111	REGISTRAR		771	NONE EX	WALLEY 2	PRINCA	IL OI DEA	REG.	NO.		
			CEASED NAM	E FIRST		WIDDLE		LAST ,	2	20. DATE KNOWN	X MONTH	DAY YEAR	26 HOUR
25 or mile	2E	12.00	CONTRINITY	MICHA	RE	W.	PO	LANCO		OF ESTI-	□ 8-16	6-8710	
100年	100	3 SEX	K	4. RACE	5. DATE OF BIRTH		AGE (IN YEARS IF UN	IDER 1 YR. IF U	JNDER 24 HRS.	2c. DATE	MÒNTH	DAY YEAR	2d HOUR
PA DUR	27	Ma	ale	White	Dec. 22		32 YRS.	HS DAYS HO	OURS MIN	PRONOUNCED DEAD	8-16	6-8719	12:02
232	157	Ta. BI	RTHPLACE (S		76. CITIZEN OF WH	AT COUNTRY	2 10	ED X NEVER		9. BALTIMORE CIT			+200
법률요?	25		ryland		United S	tates	WIDOW		IVORCED	Harford	County	17	
25 mm	27/		TY OR TOWN	OF DEATH	II. NAME OF HOS	PITAL, NURSIN	NG HOME, OR OTH		N 12a USU	JAL OCCUPATION		126. KIND OF BU	JSINESS
7 352	80	·P	allston	/	(IF NOT IN SUCH FAC		ral Hospi	+121		most of working life) ab Technic	ożow	OR INDUSTR	
SEN SE	1	USUA	AL RESIDENCE	(IF IN MURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFO	RE ADMISSION)				Lauli	Chemic	a.I
AND AND SELVED	38/->		TATE ennsylva	136. COU	York	Del		13d. INSIDE CITY LI		EET ADDRESS D. 2 Box	x 434/	Track!	14
9 "00	27		ATHER'S NAME		TOLK	Грет	la		MAIDEN NAME		(4)4/-	1/214	
M HTA	1//0		FIRST		WIDDLE	LAST		FIRST		MIDDLE		LAST	
0 408	36 44	ilón V	Lorenze	DEVER IN U.S. AF	A.	Polar	SECURITY NO.	Mar:		Anna	200	Conroy	
重 編 名	26	(YI	Yes	WN) (IF YES, GIV	E WAR OR DATES)		64-4183					D-74-	DA
\$100 Mail	183	_		5.55.71115				гтеа ъ	. nouck	R.D. 2 I	30X 434		
4 0 D	. A.	19	PART I DE	ATH WAS CAUSE	nly one couse per line ED BY:							APPROXIMATE BETWEEN ONSET	INTERVAL I AND DEATH
N TEN	See S	8	-1-1	IMMEDIA		Strang	ulation						
S ANA	N E		Condition	ns, il ony, which		AS A CONSEC	SOENCE OF						
Z E SA	RAIN		gove ris	e to immediate	e / (b)								
P 843	1 N N N N N N N N N N N N N N N N N N N		lying cou		DUE TO, OR	AS A CONSEG	DUENCE OF					100	
KECUTE VG* IN	200		BURT O CTURA CI		(c)								
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "FINDING" RID THE CHIEF MEDICAL	EAITH AND CREMATION	2	PART 2 UINER SI	SMIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED T	O THE TERMINAL DISEASI	OR CONDITION GIVI	EN IN PART 1 to				
ECO P BE MEDI	CRIS	CERTIFICATION	19a, DATE OF	OBERATION	Transcription								
AL ALL	FE E	ICA	170. DATE OF	OPERATION	196. CONDIT	ION FOR WHI	CH OPERATION W	AS PERFORMED)?			20 AUTOPSY?	
¥ \$8.2	1 8 N	RTIF	AL EVTERNIA	L CAUSE WAS	AN THE OF							YES Y	NO 🗆
CERTIFICATE RITING THE W	DEPARTMEN				21b. TIME OF HOUR A.M.	MONTH DA	Y YEAR			NATURE OF INJURY IN ITEM	18 PART 1 OR PAR	RT 2)	
S FED	EPART/ PRIOR	MEDICAL		OR CAUSE OF		PM 8-15			strangle	ed			
SE SE SE	DEP	MED	21d. INJURY C	CCURRED		FINJURY (A DRY, FARM, ETC.)		CATION TREET		CITY OR TOWN	COL	INTY	STATE
ARR S	ATE		AT WORK	NOT WHILE [hous	se	23	313 Turr	ner's La	ne Fal	1ston,	Marylar	nd
ATE, DRW	D, D				ge of the remoins desc	ribed obove, h	neld on Autop	y X Ins	pection .	Inquiry .	ond in my op	Marion	
V NAC H	S		death rmulti	ALC: NO	oral courses .	Accident I	Sucide _	. / Homicide	X. Undet	ermined monner	1.		
X HOS	ARY			И.	ans I	(12.00	- late	TITLE (SPECI					
##P	F. ×		ACTUAL SIGNATURE	MM	WUND 1-	KIU	1 / W	Assist		ICAL EXAMINER	DATE	8-16-	-87
DIC TETT	OR A					2.2	1/				SIOINE		
A CO	AFTER DEATH, WITH THE STATE BACTIMORE, MARYLAND, 21201	North Control	(TYPE OR PRIN	VAME [V	Mario F. Go	olle, J	r.,VM.D.	ADDRESS	III Pen	n Street			
5XX	AA A	23a.BL	JRIAL, CREMAT	ION, REMOVAL	236 DATE	23c. NAM	E OF CEMETERY O		23d. LO	CATION			
67/84 /BP/	14	13		rial	8/19/87	Slat	te Ridge	Cemeter	v Pea	ach Bottor	n Two.	York.	PA
25M DHMH	.6	24. FL	JNERAL DIREC	TOR	4000000			25a.	DATE REC'D. BY	DECLETE LE TOEL DE	CICTRADICO		
(VR A15	ME (5))	На	rkins l	uneral 1	Home, Inc.	600 Ma	ain St. D			1087 4	lia Dan	door Roada	
								-	HIIII I W				

tree to

DHMH - 16 60M 7 (VRA 15, 4)

064286

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE

676 3

1 -	STATE REGISTRAR	VEI AN		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1	
	CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOU
(TYPE	OR PRINT)	TOCHIDII	D	AV CD	AUGUST 22 198	7	2:
3 SEX	CHESTER	JOSEPH 14 RACE	5. DATE O	AY, SR.	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER
			MONTH	DAY VEAR		MONTHS DAYS	HOURS
-	MALE	WHITE		11 1915	71 _{YRS}		
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH	
7	MD.	U.S.A.	WIDOWE		HARFORD COU		
10 CL	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ET ADDRESSI		120 USUAL OCCUPATION	126 KIND O	
B	ALTIMORE	FALLSTON GENER	RAL HOS	PITAL	AUDITOR	A & 1	P CO
USUA 130. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		WN 1	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO		1.4
1P. EA	THER'S NAME	יוא שונו		YES NO X		E. ZIV.	T.4
) FA	FIRST	MIDDLE LAST		FIRST	MIDDLE	LAS	T
	GRAFION	RAY		DOROTH		CES	KA
16a. W	VAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRESS	0.00	
,	YES NO OR UNKNOWN) (IF YES G		2192	BARBARA RAY	(WIFE) SAME AD	DRESS	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEGUE	ullu	he treat	- dueare		
NOI	gove rise to immediate couse (a), stating the underlying couse last	(b)	OLENCE SF	Letts NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION O	GIVEN IN PART 110)
THICATION	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEC	QUENCE OF O DEATH BUT		10s AUTOPSY? INS. IF:	GIVEN IN PART TO YES, WERE FINDIN THYING CAUSES YES	OF DEAT
CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEGUIC. CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHIN THE CONDITION FOR WHIN THE OF INJURY HOUR A.M. MONTH	QUENCE OF O DEATH BUT	N WAS PERFORMED	70n AUTOPSY? 20n IF 1	YES, WERE FINDING CAUSES YES []	OF DEAT
15011	gove rise to immediate couse io1, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT THE DATE OF OPERATION. 216. ACCOUNT WAS UNDERLYING. OR CONTRIBUTING. CAUSE OF OIL IN THE POTTY WHEN ALLEANING.	CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHIN THE HOUR A.M. MONTH: P.M. THE PLACE OF INJURY	DUENCE OF CONTROL OF C	N WAS PERFORMED 71s. HOW INJURY OCCUR!	700 AUTOPSV7 YES NO NEW YES NE	YES, WERE FINDING CABSES YES []	IGS USEE OF DEAT NO
MEDICAL CERTIFICATION	gove rise to immediate couse io1, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT THE DATE OF OPERATION. 216. ACCOUNT WAS UNDERLYING. OR CONTRIBUTING. CAUSE OF OIL IN THE POTTY WHEN ALLEANING.	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHIN THE CONDITION FOR WHIN HOUR A.M. MONTH	DUENCE OF CONTROL OF C	N WAS PERFORMED	70n AUTOPSV? 70n ER	YES, WERE FINDING CAUSES YES []	IGS USEL OF DEAT NO
15011	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT INDUSTRIAL WAS UNDERLYING [OR CONTRIBUTING CAUSE OF OTHER SIGNIFICANT CONTRIBUTING CAUSE OF OTHER SIGNIFICANT CONTRIBUTING CONTRIBUTING CAUSE OF OTHER SIGNIFICANT CONTRIBUTING COURSED CONTRIBUTING COURSED CONTRIBUTING COURSED CONTRIBUTING COURSED CONTRIBUTING COURSED CONTRIBUTING COURSED COURSE CONTRIBUTING COURSE COU	CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHIN THE CONDITION FOR WHIN THE TIME OF INJURY HOUR AM MONTH P.M. THE PLACE OF INJURY LAI HOME STREET AUCTORS, OFFICE	DUENCE OF O DEATH BUT TH OPERATION DAY YEAR 19	N WAS PERFORMED 71s. HOW INJURY OCCUR!	700 AUTOPSV7 YES NO NEW YES NE	YES, WERE FINDING CAUSES YES [] IN PART I ON PART () ' COUNTY	OF DEAT
15011	gove rise to immediate couse io1, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT THE DATE OF OPERATION THE ACCOUNT WAS UNDERLYING OF CONTRIBUTING CALLE OF OR INTERPOLITY MEDICAL EXAMINATION OF CONTRIBUTING CALLE AND THE INTERPOLITY MEDICAL EXAMINATION OF CONTRIBUTION OF CALLE AND THE INTERPOLITY MEDICAL EXAMINATION OF CALLE AND THE INTERPOLITY OF CALLE AND THE INTERPOLI	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHIN THE CONDITION FOR WHIN THE PARTY HOUR A.M. MONTH P.M. THE PLACE OF INJURY ALTORS OF ACTION	DUENCE OF O DEATH BUT TH OPERATION DAY YEAR 19	N WAS PERFORMED 71s. HOW INJURY OCCUR! 21s. LOCATION: 10set1	700 AUTOPSV7 YES NO NEW YES NE	YES, WERE FINDING CAUSES YES	OF DEAT NO
15011	gove rise to immediate couse los, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT IND. DATE OF OPERATION. 216. ACCOUNT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF OIL IF STIFLER POLICY MUDICAL EXAMPLE THE POLICY MUDICAL EXAMPLE COURTED IN JURY OCCURRED STIFLER POLICY MUDICAL EXAMPLE WORK W	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHIN THE CONDITION FOR WHIN THE PARTY HOUR A.M. MONTH P.M. THE PLACE OF INJURY ALTORS OF ACTION	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 E FARM SECTION	N WAS PERFORMED 71s. HOW INJURY OCCUR! 21s. LOCATION: 10set1	790 AUTOPSV7 JAB IF IN CER VES NO	YES, WERE FINDING CAUSES YES	OF DEAT NO
15011	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT THE DATE OF OPERATION. THE ACCOUNT WAS UNDERLYING. ON CONTRIBUTING CALLS OF OTHER POTTERS OF OTHER POTTERS. NOT WHAT I WORK. THE INDUSTRICT HERE OF OTHER POTTERS. NOT WHAT I WORK. THE CONTRIBUTING CALLS OF OTHER POTTERS. NOT WHAT I WORK. THE CONTRIBUTING I CALLS OF OTHER POTTERS. NOT WHAT I WORK. THE CONTRIBUTING I CALLS OF OTHER POTTERS. NOT WHAT I WORK. THE CONTRIBUTING I CALLS OF OTHER POTTERS. NOT WHAT I WORK. THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION. THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION. THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION. THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION. THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION. THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION. THE CONTRIBUTION OF THE CONTRIB	DUE TO, OR AS A CONSEGUE. (c) CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHIN THE CONDITION FOR WHIN THE PLACE OF INJURY THE PLACE OF INJUR	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 E FARM SECTION	N WAS PERFORMED 211. HOW INJURY OCCUR! 211. LOCATION 119651 19 ad that in (my) our) opinion DEGREE ATTSICIANA	790 AUTOPSV7 JAB IF IN CER VES NO	YES, WERE FINDING CAUSES YES	OF DEAT NO
15011	gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT The DATE OF OPERATION THE DATE OF OPERATION THE INTER MOTEV MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF OR LET ALL WORK THE INVESTIGATION OF THE COUNTRY OF THE INVESTIGATION OF THE COUNTRY OF THE INVESTIGATION OF THE INVESTIGATION OF THE COUNTRY OF THE INVESTIGATION OF	DUE TO, OR AS A CONSEGUE. (c) CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHIN THE CONDITION FOR WHIN THE PLACE OF INJURY THE PLACE OF INJUR	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 E FARM SECTION	20 LOCATION 19851 10 Ad that in (myl)our1 opinion	The AUTOPSY? YES NOT HAVE SATURE OF PAULIE AN ITEM I CITY OF COMM MEDICAL STAFF	YES, WERE FINDING CAUSES YES	OF DEAT NO
MEDICAL	gove rise to immediate couse io1, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT THE DATE OF OPERATION. THE DATE OF OPERATION. THE DATE OF OPERATION. THE DATE OF OPERATION. THE UNIVERSE OF OTHER SIGNIFICANT AND SIGNIFIC	DUE TO, OR AS A CONSEGUE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHIN THE CONDITION FOR WHIN THE PLACE OF INJURY LET MOME STREET FACTORS OFFICE ON ONLY WHEN THE BRIDGE OFFICE ON OTHER PROPERTY OF THE PROPERTY OF	DUENCE OF COLOR OF CO	211 LOCATION 211 LOCATION 318651 20 10 and that in (myl lour) opinion DEGREE 272e. ADDIESS 272e. ADDIESS EMETERY OR CREMATORY	THE AUTOPSY? THE STATE OF MUSE IN CER CITY OF COMM	YES, WERE FINDING CAUSES YES	OF DEAT NO
WEDICAL TO SEE	gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT I'M DATE OF OPERATION I'M DATE OF OPERAT	DUE TO, OR AS A CONSEGUE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHIN THE CONDITION FOR WHIN THE PLACE OF INJURY LET MOME STREET FACTORS OFFICE ON ONLY WHEN THE BRIDGE OFFICE ON OTHER PROPERTY OF THE PROPERTY OF	DUENCE OF COLOR OF CO	211 LOCATION 211 LOCATION 318651 20 10 and that in (myl lour) opinion DEGREE 272e. ADDIESS 272e. ADDIESS EMETERY OR CREMATORY	THE AUTOPSY? THE IN CER THE CONTROL OF PAULIFY IN TERM I CUTY OF COMM.	YES, WERE FINDING CAUSES YES	that (I) (v

William P. D. Borger P. W.

063028

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN
STATE	CERTIFICATE OF DEA

	- STATE REGISTRAR		CERT	IFICATE OF DEATH	REG. NO	6//
I	TYPE OF PRINTS	FIRST	MIDDLE	5	20 DATE OF DEATH	ONTH DAY YEAR 26 HOUR
	root.	aul	C.	Kegister	Au	1.11 1987 4:38 M
ı	3 SEX	4 RACE	-MON	OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
	Male	Whit		29 42	44	YRS
	70 BIRTHPLACE (STATE ORE		WHAT COUNTRY?	IED NEVERMARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
1	Maryland	USA	HOSPITAL NURSING HOME		120 USUAL OCCUPATION	ford MD.
2	HAVRE de GA	PACE HARF	or a Memor	ind Hospitan	TYPE OF WORK FOR MOST OF V	12b KIND OF BUSINESS OR INDUSTRY irforce
		136 COUNTY Harford	GIVE RESIDENCE BEFORE ADMISSION ABERDAL ABERDA ABERDAL ABERDAL ABERDAL ABERDAL ABERDAL ABERDAL ABERDAL ABERDA	138 INSIDE CITY LIMITS?	130 STREET ADDRESS / 1 128 S. Phil	zip code adelphia Blvd.21001
A	14. FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NO	AME MIDDLE	LAST
	Paul	Lenear	Register	Ruby	Bernice	Phillips
1	160 WAS DECEASED EVER	IN U.S. ARMED FORCES? (JEYES, GIVE WAR OR DATES) Vietnam	166 SOCIAL SECURITY NO.	Ann Bussy,	3076 Choctaw Woodbridge, V	Ridge Court
		last. (c)	Zin 1	JT NOT RELATED TO THE TER		TION GIVEN IN PART 1:0
	110 DATE OF OPERA.	170 COINE	on on tok which of Ekan	ON WAS PERI ORMED		IN CERTIFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH HOUR A	.M. MONTH DAY YEA	R	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART 2)
	ZINJURY OCCURI	THE THOME ST	OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		(the hospital) attended to ed alive on hid) (del pat) view the lady	. / \ _	DEGREE ATTENDING	n death accurred an the date	e and hour and from the causes stated
1	220 PHYSICIAN'S N	ME (TYPE OR PRINT)	n M. 2 31	22e ADDRESS	1. 1/	B
4	23e BURIAL, CREMATION.	1 111		CEMETERY OR CREMATORY	23d LOCATION	THE DE GUNGS

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is morked or them 18 in

24 FUNERAL DIRECTOR

Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399

250 DATE REC'D. BY REGISTRA

677

DHMH - 16 60M 7/84 (VRA 15, 4)

a director, page 3 hours after death

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE CERTIFICATE OF DEATH

REG. NO

	PECEASED NAME	FIRST	MID	OLE	L)	451	111111	26. DATE OF DEA			26 HOUR
		WILLIA	am k	٦.	ア	OLAN	D		8-	4-87	1100
3. S	EX	4	I. RACE		5. DATE O	FBIRTH	NE AR	6. AGE (IN YEARS LA	ST BIRTHOAY]	IF UNDER 1 YEAR	
	Male	53.0	Whit	e	Feb	13,	1930	57	YRS	MONITS DATS	HQURS MIN
7a. I	BIRTHPLACE (STATE	OR FOREIGN 7	L CITIZEN OF WE	HAT COUNTRY	? 8	FENEVED	MARRIED -	9 BALTIMORE CI	TY OR COUNT	TY OF DEATH	
N	North Caro	lina	USA		WIDOWE		NORCED T	HARP	ORD	COUNT	ry "
10.0	CITY OR TOWN OF	DEATH 1	1. NAME OF HO		ING HOME O		TITUTION	126. USUAL OCCU			F BUSINESS O
	PALLSTO.	N	TALLST	ACILITY, GIVE STREE	ENERAL	1 40	SPIONI	Mainten			ctric
U51	UAL RESIDENCE (IF N	URSING HOME OR C									00110
	Maryland		ford	Darlir		13d. INSIDE (NOXX	4141 F1			21034
-	FATHER'S NAME				2000		S MAIDEN NAM	AE .			
	Aaron	R.	Rola	nd Sr.		Т	Bertha	J.	Johns	LAS	57
16a	WAS DECEASED EV			b SOCIAL SEC		17 INFORM		A	DDRESS		
11.0	(YES, NO OR UNKNOWN)		WAR OR DATES)	olir oli	2055	More	T Dala	4141	Flinty	ville Ro	ad
	Yes	Kore		245-34-		Mary	E. MOTS	ind, Dari	ington,	Maryla	nd 2103
	PART I. DE ATH	ATH (Enter only I WAS CAUSED	one couse per lin	10/01/pl. 101.0	nd ici.	· M ·	WARR	A	KRES.		MATE INTERVAL ONSET AND DEATH
1		IMMEDIATE	CAUSE (o)	-1/N	10/0	NIC	1- 11-	1	14000)	1	
			DUE TO, OR A	SA CONSEQU	JENCE OF	, ,	12. 81		4	10	nul.
	Conditions, if o		((b)	14160	CELI	- U	NUM	ERENTI	ATED	CUNG	T
	gove rise to a)	AS A CONSEOU				CAN			
	underlying cor	use lost.	(6)_	IS A CONSLOC	DETACE OF			0,1,0			
	PART 2 OTHER S	IGNIFICANT CO		TRIBUTING TO	DEATH BUT	NOT RELATE	O TO THE TERMI	NAL DISEASE OR	ONDITION G	IVEN IN PART II	0.1
Z	6										
CERTIFICATION	19a. DATE OF OPE	RATION	196 CONDITIO	ON FOR WHICE	H OPERATION	WAS PERF	DRMED	200 AUTOPSY?		ES, WERE FIND	
Ĕ								YES T NO		TEYING CAUSES	OF DEATH?
1 2	218. ACCIDENT WAS	UNDERLYING	21b. TIME OF I			21c HOW II	NJURY OCCURR	ED (ENTER NATURE O			7.0,
	OR CONTRIBUTING	_	17	MONTH							
MEDICAL	21d INJURY OCC		P.M.	INTUIN	19	211 LOCATI	ON			2	
ME		WHILE		FACTORY, OFFICE.	FARM, ETC)	STREE	ī	CITA	ORTOWN	COUNTY	STAIL
1	AT WORK	WORK		, ,					9-1-1	01	
	22a I certify that				V /	5	19	, to	0/1	., 19	thot (I) we) lo
	sow the dece	osed olive on _	view the body at	ter death)	, on	d that in (m)	(our) opinion d	eoth occurred on t	he dote and he	our and from the	couses stoted
	226. SIGNATURE	14	1	V	/ [EGREE			1	22c DATE	SIGNED
		1-4	11 110		1	No.	ATTENDING PHYSICIAN	DIRECTOR PH	STAFF	8/5	187
	22d. PHYSICIAN'S	NAME (TYPE OF				22e_ADDRE		A .	1	64,0	-11
	linan	10	omu)	pros		11	r ser	-MR	10)	And	AND
22-	BURIAL, CREMATIO	DE MOVAL		, ,	NAME OF C	THE TERM OR	CRELIATORY	23d LOCATION	1-	ATT COL	,
230.	(SPECIFY)		23b. DATE		NAME OF CE			CITY OR TOV	YN O	OF COUNTY	STATE
24	Bur		Aug. 7.1	987	Dubli	n Sout	hern	Dubl:			aryland
24	FUNERAL DIRECTOR			ADDRESS				REC'D. BY REGIST	. 0 200 8	-/ 1	TURE
1	John H. Ha	rkins.	600 Mais	n Stree	t. Del	ta PA	108 0 6	1007 4	ha Dand	oes. Konga	Ula

0 6 3 7 8 2 AUG 26 87 GISTRAR

STATE OF MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3 o REG. NO.

	PE OR PRINT)	LIK21	M	DDIE	LAST	101 - 1	2a DATE	ESTI- MO	ONTH DAY YEAR	26 HOU
2 H	· Con Panelly	Ronald	Dav	id	Rosie	er	DEATH	MATED (3-21- 1987	
3. SEX	X 4 RA		DATE OF BIRTH	6. AGE (IN YEA					NTH DAY YEAR	
1	Male W		8 18 47	VEAR LAST BIRTHDA		AYS HOURS	MIN PRONOUN DEAD	CED 8-2	21- 19 87	2:30
70 B	IRTHPLACE (STATE OR	7b.	CITIZEN OF WHAT			X NEVER MARRIE	9. BALTIM		OUNTY OF DEATH	1 ~
Ma	aryland		USA		WIDOWED [7 000000				
	ITY OR TOWN OF DE	ATH 11.	NAME OF HOSPIT	AL, NURSING HOME	OR OTHER IN	STITUTION	17e USUAL OCCU	larford (County ORK 178 KIND OF B	USINESS
F	Fallston		Fallston	General H	ospital		Motel M	anager	OR INDUS Motel	TRY
	AL RESIDENCE (IF IN N	IURSING HOME OR OT	HER INSTITUTION, GIVE RE		-					
-	aryland	BAITIMO	re	Br. CITY OR TOWN	YE:			ite Mars	sh Rd. 212	237
19	ATHER'S NAME	M	IDOLE	LAST	15 A	NOTHER'S MAIDEN	NAME	DOLE	LAST	
1	Clarence	e L.		Rosier		Eldora			Christin	ie
16a. V	VAS DECEASED EVE	R IN U.S. ARMED	FORCES?	66 SOCIAL SECURITY	NO. 17. IN	FORMANT		ADDRESS		
				213-52-9	365 L	inda Ros	ier 4910	White Ma	rch Rd. 2	21237
	18 CAUSE OF DEA	TH (Enter only or	ne cause per line far						APPROXIMA BETWEEN ONS	TE INTERVAL
	PARTIDEATH	A/AC / ALICED DV	1	ed Cardio	mvopath	V			BETWEEN ONS	ET AND DEATH
	A STATE OF THE STA	IMMEDIATEC		A CONSEQUENCE (- 1	
	Conditions, if								-	
	gave rise to couse (a) statin		DUE TO OR AS	A CONSEQUENCE O)E					-
	lying couse lost		000 10, 011 10	A CONSCOUNCE C						
15.4	PART 2 OTNER SIGNIFICA	NT CONDITIONS CONT	(c)	NOT RELATED TO THE TERMI	NAI DICTACE OR CO	NOTION CHEN IN CO.				
z	TAKE 2 OTHER SIGNIFICA	MI COMOILIONS COM	KIBUTING TO GEATH BUTT	NOT KELATED TO THE TERMI	MAL DISEASE OR CO	INUITION GIVEN IN PART	1 (e)			
CERTIFICATION	19a. DATE OF OPER	ATION	TIME CONDITION	N FOR WHICH OPER.	ATIONI WAS DE	DE OBMEDS			20 AUTOPS	12
5	176,071,2 01 072,1		THE CONDITION	TOR WHICH OFER.	AIION WASTE	INT ORMED!				
E	21g EXTERNAL CAU	ISEWAS	216 TIME OF IN	LIDY	Tale HOW/IN	LILIBY OCCUPATE	- CANADA AND CANADA		YES 🔀	NO 🗌
	UNDERLYING	OR	HOUR A.M. M	ONTH DAY YEAR	THE HOW IN	AJORT OCCURRED	(ENTER NATURE OF INJ	JRT IN HEM 18 PART 1	OK PART 2]	
MEDICAL	CONTRIBUTING			NJURY (AT HOME.	215 10001510	201				
MEC	WHILE D NO.	T WHILE	STREET, FACTORY		21f LOCATIO	NA.	CITY OR TOV	/N	COUNTY	STATE
	WHILE NO AT WORK	WORK		/						
	220 I certify that	Hybr charge of	the remains describ	e ob ve, held an	Autopsy X], Inspection	. Inquiry	and in n	ny opinion	
	death resulted from	/ / //	CV			Homicide .	Undetermined mo			
	/	1711	- 1/ //	NA		TLE (SPECIFY)	odetermined mo			
	ACTUAL SIGNATURE	Mil	1,90				MEDICAL EXAM	D	ATE 8-22-	.87
	SIGNATURE -	/	110		M.U. <u>A:</u>	as I Staill	MEDICAL EXAM	INER SI	GNED U ZZ	07
-	EXAMINER'S NAME		1			ec-111 D-	Ct D-	1+imana	MD 21201	
22a DI	(TYPE OR PRINT)		les P. Ko				23d LOCATION	itimore,	MD 21201	
730.B	SPEC#Y)			23c. NAME OF CEM			CITY OR TOWN	-212		STATE
74 FI	Burial UNERAL DIRECTOR	1 8	-25-87	Parkwood			C'D. BY REGISTRA	altimore	Marylar	ia
	NAME STATE OF	, ,,		1401 Belai		1 1 1 1 1 1			town Jandall	
163	de alana la	and a late		7 V 1 144 I	93221	74 C 1 C 1	Chil NOS	THE COURT OF THE PARTY OF	defined a first and	



STATE OF MARYLAND - STATE KNOWN (TYPE OR PRINT) OF ESTI-**JEROME** DEATH MATED RICKEY ROUNTREE 3. SEX 4 RACE IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY RONOUNCED 2:15a. BLACK MAY 1, 1960 DEAD 8-5-87 MALE Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! Harford County N. CAROLINA U.S.A. WIDOWED | DIVORCED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY SPEC. 4 Fallston Fallston General Hospital U.S. ARMY SUAL RESIDENCE LIE M NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONAL 3a STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS LOT 58 GREENVILLE OAKWOOD ACRES CAROLINA CO. NO [FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE FIRST JOHN ROUNTREE SMITH JEANETTE. QUINERLY 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ACTIVE DUTY 240-17-2074 JEANETTE ROUNTREE QUINERLY (SAME AS 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF EF AEDICAL EXAMINES
ED AS A BURIAL-TRA
HE ALTH AND MENTA
CREMATION, OR REV Conditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, THIS CERTIFICATE SHE EXECUTE THE CERTIFICATE, WRITING THE WORL PAGE 4 SHOULD BE FORWARDED TO THE CAPULAR DIRECTOR, PAGE 3 SHOULD BE DATTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARCIAND, 21201 PRIOR TO PAGE YES X 210. EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TO OR pedestrian struck by a vehicle CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION Rt. 24 nr. Trimble Rd. STREET, FACTORY, FARM FTC 1 WHILE NOT WHILE X Edgewood, Maryland 220. I certify that I taak charge of the remains described above, held on Inspection and in my opinion Undetermined manner death resulted from: Natural couses Acaident TITLE (SPECIFY) DATE 8-6-87 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street EXAMINER'S NAME Margarita A. Korel, M.D. (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 8-11-1987 HOMSTEAD MEMORIAL GARDENS GREENVILLE. PITT BURIAL 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** RIVERDALE, Md. 20737 W. W. CHAMBERS CO. (VR A15 ME (5))

and a langer

As CIST STAN IN HE REED

LA.S.S J. DECEMB

Constant and the second of the

Therefore the part of the second seco

.E.Ü

DETERMINED TO THE REPORT OF THE PROPERTY OF TH

e. T. Cignicia do. Biscardo, D. Corgo L. D. B. 1987 and D. Storago.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) omenic poge r 5. DATE OF BIRTH 3 SEX 6 AGE (IN EARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR NOV" 11, 1907 MALE WHITE TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITX OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY U.S.A. WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BARBER SELF EMBLOYED e 130. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAND CECIL PERRYVILLE YES X 556 CECIL AVE NO F 15. MOTHER'S MAIDEN NAME FATHER'S NAME FIRST MIDDLE MIDDLE FIRST DONATO CAPUTO MARIA SAPONARO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SAPONARO, PERRYVILLE. MARYLAND.21 18 CAUSE OF DEATH iEnter only one course per line toy PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATHS NO [DIVISION OF VITAL 210 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION ö STREET CITY OR TOWN (AT HOME, STREET FACTORY OFFICE, FARM, ELC.) AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive. (a) obove, (1) (we) (did) (did not view the body after death hat in (my) (our) opinion geoth accurred on the date and hour and from the course stage 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF FUNERAL (PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23s. BURIAL, CREMATION, REMOVAL 23b. DATE SPECIFYBURIAL AUG.14.1987 MT. ERIN CEMETERY HAVRE DE GRACE HARFORD 250 DATE REC'D BY REGISTRAR 256 REGISTRARS SK DHMH - 16 60M 7/84 AU6. 2 0 (VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 3

4 3 AUG :	14 ¹ 8	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.						
		CEASED NAME FIRST	WIDDLE	ı	AST	20 DATE OF DEATH MONT	H DAY YEAR 26	HOUR	
poge 3	(TYPE	OR PRINT) MARY	M. S	APON	ARO	August 6	1987 9	1:15 4	
e do	3. SE	X	4 RACE		OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY		UNDER 24 HRS	
soft		FEMALE	WHITE	DEC	19, 1898		YRS.	JURS MIN.	
8 8 CM		RTHPLACE ISTATE DEFORE ON	76. CITIZEN OF WHAT COUNTRY	/? 8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH		
10 July 10 L		LTALY	U.S.A.	WIDOWE		HARtord		MD.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HA	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOUSE WIFE	KING LIFE) 12b. KIND OF B	USINESS OR	
24 hour		TATE 136 COUN		WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP 225 PRINCIP	CODE IO RD P.O.	103 BOX 137	
1 1	-	THER'S NAME			15. MOTHER'S MAIDEN NA	ME			
2 2 /1	V	JOSEPH	PIETRAPE	RTOSA	'ANGELI	INA	PALMISA	NO	
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEC		17 INFORMANT	ADDRESS			
1 10 1/2	1	YES, NO OR UNKNOWN) (IF YES, GIV	214-74-	-3178	MARGUERITE L.	BOYKO, PERRY	VILLE MARYL	AND.	
1		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), o		h. /	07	APPROXIMAT BETWEEN ONS		
(tope !)		IMMEDIAT	E CAUSE (0) WEN	0 -	pumper	y arrisi			
			DUE TO, OR AS A CONSEQ	UENCE OF	Deant G	teiloun	100		
9 5 6 de		Conditions, if any, which gave rise to immediate	(b)		TOUN	forome			
that in the state of the state		couse (0), stating the underlying cause lost.	DUE TO, OR AS INCONSED	WENCE OF P	chro-51'S				
squires to signed Then ple to burion njury, and njury,	N O	PART 2 OTHER FIGURE CANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	ON GIVEN IN PART 11a		
prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS CERTIFYING CAUSES OF		
Per Pe	E					YES NO X		NO 🗆	
nhysici nhysici nhysici nhysici		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)		
Men de la	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
offers of the factor of the fa	Ä	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE	
ND A A A A A A A A A A A A A A A A A A A	1		tal) attended the deceased from		, 19	ta		it (I) (we) fost	
E 5 2 2 12	1	saw the deceased alive an abave, (1) (we) (did) (did no	t) view the bady after death.	ar	nd that in (my) (aur) opinion	death occurred an the date a	nd have and from the cou	ises stated	
the hor the hor to DIREC erochind the Digit		127 SIGNATURE	melita	u -	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	m ayesk	F7	
A be de	1	200 PHYSICIAN'S NAME TYPE			22e ADDRESS	16	1000	(1 (2 4)	
to HOS etained 10 Fully with the	122	DANTE	MONAKI		EMETERY OR CREMATORY	1236 LOCATION	ma He	18	
8P	230	BURIAL, CREMATION, REMOVAL			N CEMETERY	HAVRE DE GRA	ACE, HARFORD,	MD.	
DHMH - 16 60M 7/84	4	W CTOS A CONTRACTOR	ADDRESS DE DOVIT	TTE MA	DVI AND 250. DA	TE REC D. BY REGISTRAR 256 I	REGISTRAR'S SIGNATUR	أوال	
(VRA 15, 4)	144	A. PALIERSON	& SON. PERRYVI	LLLE MA	KILAND.	1001			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

15	-2	-	2	3
dia.	J	0	0	
RE	G. NO		- 14	

		REOBTRAN							REG. NO				
		CEASED NAME FIRST		MIDDLE		LAST	- 4	20. DATE OF	DEATH - MOI	NIH D	DAY YEAR	2b HOU	R
	,,,,,,	MYRTLE	NE:	IKIRK	SCA	RFF		1	August	24	1987	4:30) PM
	3. SE	X	4 RACE		5. DATE (6 AGE (INY	EARS LAST BIRTHDA	AY)	IF UNDER TYEAR	IF UNDER	24 HRS
		Female	White	e	Marc		1903	84		YRS.	MONTHS DATS	HOURS	MiN.
d		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	- D NEVE	MARRIED -	9 BALTIMO	RE CITY OR C		OF DEATH		
5	7	Virginia	U.S		WIDOW	DV	ONORCED		Harfor				MD.
-		Fallston		HOSPITAL NURSING HEACHT CONTROL REPORT R	ow-Va	le Far	STITUTION MS	LITYPE OF WOR	occupation k for most of wo l Teach	ORKING LIFE	12b. KIND Q INDUSTRY Fduca	Publi Lion	SS OR
1	13e. 5	aryland	Harford	Fallsto	FAIMINIONS VN PN	134 INSIDE VES []	CITY LIMITS?		ADDRESS / ZI			7	
7	H, EA	Floyd (Conly	Neikirk		14110/81138	ttie		igusta		Gre		
		WAS DECEASED EVER IN U.S.	NONE NONE	213-38-5		W. C	only S	carff			ale F		,
		III. CAUSE OF DEATH lEnter only one course per ling for 101/(b), and (c) PART I, DEATH WAS CAUSED BY									CHINET AND	OTATH.	
Ÿ	131	IMMEDIATE CAUSE (a) The vmphia								- 2	LA L	1 10 %	
		DUE TO, OR AS A CONNEQUENCE OF							1				
		Gondificant, if only, which gove rise to immediate							-	WD			
		cause tall stating the DUE 10, OR AS A CONSEQUENCE OF underlying couse last.											
	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN FART True											
Н	NO	N.A.											
2	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY 206 AUTOPSY 206 CERTIFYING C								FING CAUSES	OF DEATH	HY _	
7	ERT									NO [I			
2	0.923	Los continues and Los and Louis A. M. MORIES DAY YEAR L								MT I CH PART 23			
	MEDICAL	214 INJURY OCCURRED 276 PLACE OF INJURY A 211 LOCATION											
	ME	AT WORK CI TO NOT BE	AT HOME ST	W. A	ARM ETCS	5100		1.14	CIET OR TOWN		COUNTY	6.0	all
		120.1 certify, that (I) (this harpital) amounted the, decroyed from 7 11 10 19 to 8/24/87/19 that (I) (this harpital) amounted the second from 11 11 10 19											
		saw the deceased alive are									ted		
		274 SKINATURE 771 DAYE SIGNED											
		ATTENDING DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR							18/3	25/	01		
1		228 PHYSICIAN S NAME (1	THE CHARLES			ADDRE	" 200 Fok	Est	Hill	peu	10 2	105	0
	23e. 8	BURIAL CREMATION, REMO	With the second				rial Gds	Bel	COS STERNAS	arfo	ard Mar	rylar	ä
	$\overline{}$	UNERAL DIRECTOR	13	, 2001 10		- 1200	The second secon				Control of the Contro	and the second second	
	F	Howard K. McCo	omas TIT Z	binadon -	Mary	land	AU	6261	EGET AR 256	he de	Marian-1	1	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

10 FUNERAL DIRECTOR, After this certil should be detached for use as the burnalwith the State Dept. of Reporth and Mental MADRIANT, if here 21 is marked or blam

2	3	0	8	4
REG.	NO.		-83	

63963 AUG 2	87 ST	OR TATE EGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	04			
	I. DECEA	SED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
1 75	111111111111111111111111111111111111111	Edwar	rd	Schaffer	August 16, 19	987 4:55 4			
0 0 1	1. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
4 4 to 10 to	1	Male	Caucasian	NOV. 19, 1937	49 YRS.	MONTHS DAYS HOURS MIN			
A 10 21	7a BIRTH	PLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY	OF DEATH			
	Ma	ryland	U.S.A.	WIDOWED DIVORCED	Harford	MD.			
1 1 20/	10 CITY	OR TOWN OF DEATH	LIE NOT IN SUCH EACHITY GIVE STREE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR E) INDUSTRY			
5 1 11/11 (Pyl	esville	5351 Rocks	Road	Policeman .	Police Dept			
ND 212	13a. STA	TE 13b. COUN	other institution give residence before ITY 13c. CITY OR TOV	VN \$134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 5351 Rocks Ro	pad 21132			
2 1 1	-	ER'S NAME		15. MOTHER'S MAIDEN NA	ME				
4 1 11/14	VE	dward	Schaeff Schaeff	er Elizabet	h	Kolidziej			
# 1 17 17	160 WAS	DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRESS	110111111			
Mo god	YES	no or unknown) [IF YES, GIV	-1963 215-34	-6235 Laureen V	. Schaffer	same as above			
# # 0 4 4/	Tis					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
The physical movement.	1 1"	PART I. DEATH WAS CAUSED BY:							
Z	11								
2 1		Canditions, if ony, which () Caramoma of Larynx with							
	9	gave rise to immediate							
3		underlying couse last. DUE TO, OR AS A CONSEQUENCE OF Meck metaslases							
201 plea plea unal	PA	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
SDS, agus Them to b minn					WALE DISEASE ON CONDINION ON	ETT INT PART TO			
L RECO	35	DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO			
The state of	210	ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18. P	ART I OR PART 2)			
A A T T T T T T T T T T T T T T T T T T	01	CONTRIBUTING CAUSE OF DEA		AY YEAR					
No de	_	I. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		COUNTY COUNTY			
N CH T T T T T T T T T T T T T T T T T T		HILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE			
P 2 4 5 5 6	1 100		tal) ottended the deceased from		ta	19, that (I) (we) last			
21 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		saw the deceosed alive on abave. (1) (we) (did) (did) ratio view the bady after death.							
A Park to the	229	JONATURE	view the bady after death.	DEGREE		22c DATE SIGNED			
0 2 0 2 0 2		Present HV	100000 Oct 9	ATTENDING BHYSICIAN G	MEDICAL STAFF DIRECTOR PHYSICIAN	8-12-87			
The state of the s	22:	LA HYSICIAN'S NAME (TYPE O	R PRINT)	22e. ADDRESS	J DIRECTOR [] PHISICIAN []				
FUNER PARTY AND THE SECONDARY	1 3	OBERT H WI	EDETELO MO	33/3 PAPERMIN	L Rd PHOENIX,	md a1131			
01 03 13 ·	1	IAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	1.M 001			
BP	1 Sept.	Burial		arrettsville Ce	CITY OR TOWN	COUNTY STATE			
	74 FUNE	RALDIRECTOR	O/ T3/ T30 / 0		E REC'D. BY REGISTRAR 256 REGIST	le Harford M			
DHMH - 16 60M 7/84 (VRA 15. 4)	100000000000000000000000000000000000000	Gladden Kur	ADDRESS Torrott	Δ1	JG 21 1987	CHAIN CARCIDIA			

Jarrettsville, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Gladden Kurtz

edeman's companies a redundance from the Nels | Concesion Mov. 13, 1937 | 195 Probable to the reserves. Serie dand Bartord Principle and Son South Bartord Billy dispersion dispersion vallences Yes 1161-1967 215-30-6275 Laureen V. Penaffer and Weeve

A. A STANDARD OF THE STANDARD

AND CARROLL AND THE PROPERTY OF THE CONTRACT O

6	3	3	0	0	AUG	2	107 FOR STATE REGISTE
		pe		le 3			1. DECEASED N (1YPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

470	-7		4	5
La	5	0	0	5
Di	014 2			

23600 Mycompowd and white with texted.

	1. DEC	CEASED NAME	FIRST		MIDDLE	i	(AST 1	2a DAT	E OF DEATH	MONTH	DAY YEAR	Zb HOU	JR
	(1YPE	OR PRINT)	ARTHA	MAI	RIE	SCHN	EIDER	Aug	gust 17	, 198	7	7:50	
	3. SEX	X	4.	RACE		5. DATE C		6 AGE	(IN YEARS LAST BIRT	HDAY	IF UNDER I YEAR		
	×	Female	III .	White	9	Sep	t. 21, 1926	60		YRS.	MONTHS DAYS	HOURS	MIN.
9		RTHPLACE (STATE OF FO	DREIGN 71	CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9. BALT	IMORE CITY O	R COUNT	Y OF DEATH		
	Vì	irginia	Erral.	USA		WIDOWE		TTe	Harford County				MD.
1		Joppa		(IF NOT IN SUC	HOSPITAL, NURSI HEACILITY, GIVE STREE Ld Joppa	T ADDRESS)	OR OTHER INSTITUTION	(TYPE OF	JAL OCCUPATION WORK FOR MOST OF	F WORKING L	126. KIND (INDUSTRY		ESS OR
1	USUA	AL RESIDENCE (IF NURSIN	NG HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)		In one					
5		arvland	Harf		Joppa	WN	13d. INSIDE CITY LIMITS?		EET ADDRESS /		_	1085	
		ATHER'S NAME			1 осрра		15. MOTHER'S MAIDEN N			oppu	10000 2	1005	
1	7	Clintwo		DDLE	Hobbs	5	Catheri	ne	MIDDLE		Pov	ers	
1		VAS DECEASED EVER I			166 SOCIAL SEC	URITY NO.	17. INFORMANT	1-1-1	ADDRE	ss Md.	21085		
	,,,	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 226-30-				4413	M.Henry Sch	neide	, 1308	old	Joppa F	load,	Joppa
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (brigand (c)) PART I, DEATH WAS CAUSED BY:									BETWEEN	XIMATE INTE	RVAL
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) The first control of the factor of t											
				DUE TO. O	R AS A CONSEQU	JENCE OF							
		Conditions, if ony,		((b)_									17511
4		gove rise to imme couse (a), stating		DUE TO. O	R AS A CONSEQU	JENCE OF							
		underlying cause	lost.	(c)_						383			100
	_	PART 2 OTHER SIGN	IFICANT CO	NDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DIS	EASE OR CONI	DITION GI	VEN IN PART 1	10	
	ō	2-9-					The Section of the						
4	CERTIFICATION	19a DATE OF OPERATI	ION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a A	UTOPSY?		S, WERE FIND		
	RTIF			73/19	1000			YES [ES 🗌	NO [
1		OR CONTRIBUTING		HOUR A.	M. MONTH E	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENT	R NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 21		
	CAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER)		M.	19					6. BE		
	MEDICAL	214 INJURY OCCURRI		(AT HOME STE	OF INJURY	, FARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	4	STATE
	_	AT WORK AT WORK	LE L						A				
	-	22a I certify that (I) (1) ottended th	e deceased from	-4-		, to	June	14		, that (h (
		saw the deceased above, (1) (we) (di	d alive on id} (did not)		ofter death.		that in (my) (our) opinion	on death acc	uffred on the do	te and ho			
		22b. SIGNATURE	1	10	20.		DEGREE ATTENDING	MEDIC	CAL STAF	E	22c DAT	ESIGNED	
		11/100	v//	Kali	Mon	MIC	PHYSICIAN		OR PHYSIC		8-18	3-87	
١.		22d. PHYSICIAN'S NA	/				17e. ADDRESS						
		Marvin	J. Fe	ldman,	M.D.		2360 W. Jopp	oa Roa	d, Luth	ervi	lle,Md.	2109	13
		BURIAL, CREMATION, R		236. DATE		NAME OF C	EMETERY OR CREMATOR	Y 23d. L	OCATION CITY OF TOWN		COUNTY		STATE
		urial	Z	ug.20,	1987 G	ardens	of Faith Ce		y, Balt				or a second
		JNERAL DIRECTOR	-0	TTT .	Ale Allhares	M-3 -0	1000 25A		NY HOO PAR				
	H	oward K. Mo	comas	111, 4	Abingaon	, Ma. 2	T009 558	RAVIEVV	Victoria	horody	Tarbhowe.	مالات	FAL

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remave cay with the State Dept. of Health and Mental Hygiene prior to burial, cremation, INFORTALE: If Item 21 is morked or Item, 18 shows any injury, or other troum

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	- 1	1/2
3	0	0
	REG NO	O.

	I. DEC	CEASED NAME OR PRINT)	AKA:	Sewiln	Amin Sew	ilm	AST	2a DATI	E KNOWN ESTI-	MONTH DA	AY YEAR	26 HOUR
ASE OR. JRS.			Sewlin		Amin		wlin			8-22	19.87	M
RECTOR R FILES HOUR STREET	3 SEX		MO	ATE OF BIRTH	6. AGE (IN YEAR YEAR LAST BIRTHDAY		DER I YR. IF UNDER		TE '	MONTH D	AY YEAR	2d HOUR 4:00
DIRECTOR NO. ST. H. S. NO. ST.		ale Cau	ic. De	c.15,1	L962 24 YRS	5.		DE.	AD 8-	22	1987	1.00 M
SA SES	FO	RTHPLACE (STATE OR REIGH COUNTRY)	7b C			MARRII	D NEVER MARR	IED - 9 BALT	IMORE CITY OR	COUNTY C	F DEATH	
NEGES S. FOR S. FOR	I	Egypt		Egypt		WIDOW		ED 🗆 📜	Jarford (County	,	MD
A A GE S	10. CI	TY OR TOWN OF DEA		NAME OF HOS	PITAL, NURSING HOME,	OR OTHE	RINSTITUTION	120 USUAL OCC	LATEOR CITYPE OF	F WORK	OR INDUSTR	SINESS
200 4		avre de Gr			CHITY GIVE STREET ADDRESS) MEMORIAL HOS	_	1	Pizza		P	izzer	
NAT	130 STATE 136 COUN					13d. INSIDE CITY LIMITS? 13e STREET ADDRESS						
3 3 8 5 E	Maryland Har		Harfo	ord Aberdeen			YES 🗶 NO 🗌	217 S	tevens	Ct.	21001	
T CENTY A	14. FA	THER'S NAME	MIDI	DIF	LAST		15. MOTHER'S MAIDI	ENNAME	MIDDLE		LAST	
200 300 V	2	Amin	S.				Nabaway	/a	1110000	Ibra	him	
5 5 5 3	16a V	VAS DECEASED EVER		D FORCES? 166 SOCIAL SECURITY NO.		NO.					21001	
4 65	(1)	No	(# YES, GIVE WAR OF	(DATES)	None		Maria Mo					
S S S S S S S S S S S S S S S S S S S		18 CAUSE OF DEAT	H (Enter only one	cause per line	far (a), (b), and (c).)	****			1 0007		APPROXIMATE	INTERVAL
L NE SE L		PART I DEATH W	AS CAUSED BY:		ultiple inju	rioc				-	BETWEEN ONSET	AND DEATH
SA SEE		8/4	MMEDIATE CA	DUE TO, OR	AS A CONSEQUENCE OF	F						
HIN NSI HASI		Conditions, A								VIIII		
NA TRANS		gave rise to cause (a) stating		(b) DUE TO, OR	AS A CONSEQUENCE OF	F					-	
N AL		lying cause last.								19.00		
G" I G" I G" I G" I G" I G" I		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRI	BUTING TO DEATH I	BUT NOT RELATED TO THE TERMIN	IAL DISEASE	DE CONDITION CIVEN IN 24	ST 1 to				
BE EXE ENDING MEDICA AS A BL AITH AL	NO			STATE OF STA	AND INCENTED TO THE TERMIN	INE DISEASE	DK COMUNION GIVEN IN TH	ATT:0				
L', CHEA	AT	190. DATE OF OPERA	ATION	19b. CONDIT	ION FOR WHICH OPERA	TION W	AS PERFORMED?			21	D AUTOPSY?	
E SHOULD WORD "P E CHIEF BE USED INT OF HE BURIAL,	MEDICAL CERTIFICATION	DEL TES									YES 😾	NO 🗌
ATE WENTED BILD BILD BILD BILD BILD BILD BILD BIL	CER	210 EXTERNAL CAU		216. TIME OF	INJURY . MONTH DAY YEAR	21c HC	W INJURY OCCURRE	D CENTER NATURE OF	INJURY IN ITEM 18 PAR	RT I OR PART 2)		
G THE V TO THE HOULD ARTMEI	3	UNDERLYING X	OR CAUSE OF DEATH		AM 8-22 19 87	Do	deetrian e	etmick by				
DEPARTED TO THE SERVICE TO THE SERVI	EDIV	214 INHITIPY OCCUP	DED	21e PLACE C	OF INJURY (AT HOME,	211 LOC	destrian s	THE DY	auto			
SH SH SH	*	WHILE NOT AT W	WHILE VORK	roa	ORY, FARM, ETC.)	Rt.	40 near H	olly Hil	1 Motel	COUNTY		MD
PAR PAR THE PAR			1	e remains des	cribed abave, held an	Autops	y X, Inspectio	n . Inqui	ond	ın my apınıa	in	
NO TOTAL		death resulted from	/ 11/1	1 13/1	15	ide .		Undetermined				
A HE BELL			1 4/1	111	1/11-		TITLE (SPECIFY)					
A POPULATION OF THE POPULATION		SIGNATURE	1 sux	1,	KIIV	M	D. Assistan	+ MEDICALEX	AMINER	DATE SIGNED_	8-22-	.87
OR SEA		A CONTRACTOR OF THE PARTY OF TH			/		- FIOO LO COLI	- MEDICAL EX	200111 4211	3,01420_	0 00	07
M SHEET	1	(TYPE OR PRINT)	Char	les P.	Kokes, M.D.		ADDRESS 111 P	enn Stro	ot Ralt	O_MD	21201	
TO MEDICAL EXAMI EXECUTE THE CERTIFI PAGE A SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALT/MORE, MARTO	23a. B	JRIAL, CREMATION, F		ATE	23c. NAME OF CEM	ETERY O	RCREMATORY	23d LOCATION	N	COUNTY		ATE
BP	(5	Burial			Elmana	ra		Alexa		COUNTY	Egyp	
DHMH - 17	2 R(0	BERTECER	ALTENB	URG FU	JNERAL HOM		INC . 250. DATE		RAR 256 REGIST	RAR'S SIGN	ATURE	
(VR A15 ME (5))	60	U9 Harfo	ord Rd.	, Balt		2121		2 7 1987	Julia De	(Sugar)	English	

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

400.0		0	
3	0	0	9

REGISTRA		ME		XAMIN	ER'S C	ERTIFIC	CATE O	FDEA	THT REG	NO.	7	
DECEASED N (TYPE OR PRINT)			MIDDLE		l.	AST	,	Va.	OF ESTI-	Y		-1-30
	Katheri					Simo			DEATH MATED	/26 1987	1 1 "	
1. SEX	4. RACE	5. DATE OF BIRTH	YEAR	AGE (IN YEA	ARS IF UND		IF UNDER		2c. DATE PRONOUNCED	ITHOM	H DAY YEAR	2ª HOUR
F	White	9-28-18		68 YR		DAIS	HOURS	MIN.	DEAD	8	1/26 19/1	5 p _m
FOREIGN COUN		76. CITIZEN OF WE	HAT COUNT	RY?	8 MARRIE	D NE	VER MARRI	ED 🗆	9 BALTIMORE CIT	Y OR COU	INTY OF DEATH	
Maryla		USA			WIDOWE	D X	DIVORCE	ED D	Hari	ford	County	MD
10 CITY OR TO	WN OF DEATH	IT. NAME OF HOS			, OR OTHE	R INSTITU	TION		AL OCCUPATION	[TYPE OF WOR	OR INDUS	BUSINESS
Bel Ai		Harfo	rd Ser	nior H		q		1000	Home mak	er	Own I	
USUAL RESIDEN	ICE (IF IN NURSING HOME		13c CITY C		13d INSIDE CITY LIMITS? 13e S		II3e STRE	STREET ADDRESS		21014	1	
Marylar		ford		L Air		YES 🗌	NO 😾		00 Sun F	lower	Dr. Apt	146
14 FATHER'S N		MIDDLE		AST			R'S MAIDE		WIDDLE		LAST	
George		MDDE.		aver			Franc	ces	MIDDLE		Haaq	
	ASED EVER IN U.S. AR	MED FORCES?		AL SECURITY	/ NO.	7 INFORA			ADDR	RESS		
No.	(IF YES, GIVE	WAR OR DATES)	217-	-05-30	57	Tar	net M	Ste	vens 178	5 Broo	okview R	1.
	E OF DEATH (Enter or	nly one couse per line	tos (a) (b)	d (a) \			2 .				APPROXIMA	TE INTERVAL
PART	I DEATH WAS CAUSE	D BY:	(0), (0)	10 pe	MAI	ny	140	rent	21fe	c 50	BETWEEN ON	ET AND DEATH
	IMMEDIA	TE CAUSE (o)			_			·				
Cond	Conditions, if ony, which											
gove	rise to immediate	(b)			-	CC	. ,					
	e (a) stating the <u>under</u> couse last.	DUE TO, OR	AS A CONS	EQUENCE C)F							
	PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION CHICAGO OF CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION CHICAGO OF CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS TO THE TERMINAL DISEASE OF THE TERMINAL DISEASE OF THE TERMINAL DISEASE OF THE TERMINAL											
-	PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).											
190 DATE	OF OPERATION	I to Conson				C 0505 C 0					T.	
Y IVO DAIL	OF OPERATION	19b. CONDIT	HON FOR W	HICH OPER	ATION WA	S PERFOR	MED?				20 AUTOPS	Y?
E	DALAL CALICETAIAS			200							YES 🗌	NO 🗆
	ING OR	21h TIME OF HOUR A.M	injury I. month I	DAY YEAR		W INJURY	OCCURRE	DIENTERN	ATURE OF INJURY IN ITE	M 18 PART 1 OR	PART 2)	
CONTRIB	UTING CAUSE OF	DEATH P.M	١.	19								
21d. INJU	RY OCCURRED		OF INJURY		71f. LOC	ATION			CITY OR TOWN		COUNTY	STATE
AT WOR	NOT WHILE	J	. Lary venm, ETC	•	311				CITOKTOWN		COUNTY	STATE
		an of the semain dec	aribad ab-			П	Inspection	X				
	certify that I took charge	487			Autopsy				Inquiry [_],	ond in my	opinion	
deoth re	sulted from: Notu	rol couses K,	Accident L	, Sui	cide .		ide L.	Undete	rmined monner			
ACTUAL	1.,,	8/	11	11	-	TITLE (S	PECIFY)	**		DAT	9 /5	7/87
SIGNATI	me pure	10/2			M.C		eput	Y MEDI	CAL EXAMINER	SIG	NED_ 0/2	1/01
EXAMINE	R'S NAME											
TYPE OR	PRINT)LU1S								nce St.	Hav	reDeGra	ace,M
230. BURIAL, CRE (SPECIFY)	MATION, REMOVAL	23h DATE	23c. N/	AME OF CEM	AETERY OR	CREMATO	DRY	23d. LO	CATION	CC		STATE
	Burial	8-29-8		Holy			A	HA F	Baltimore	Mary.	land you	ndelle
24 FUNERAL D	Duda-Ri	uck Funera	1 Home	e of D	undal	.k	25a. DATE	TUBY	Edzillan S	GISTRAR	SSIGNATURE	
	7922 Wi	se Ave. Du	mdalk	, MD	21222	2						

Wart House Weller

AUB 27

MPORTANT, II he

DHMH - 16 60M 7/84

(VRA 15, 4)

rector, page 3 urs after death

STATE OF MARYLAND

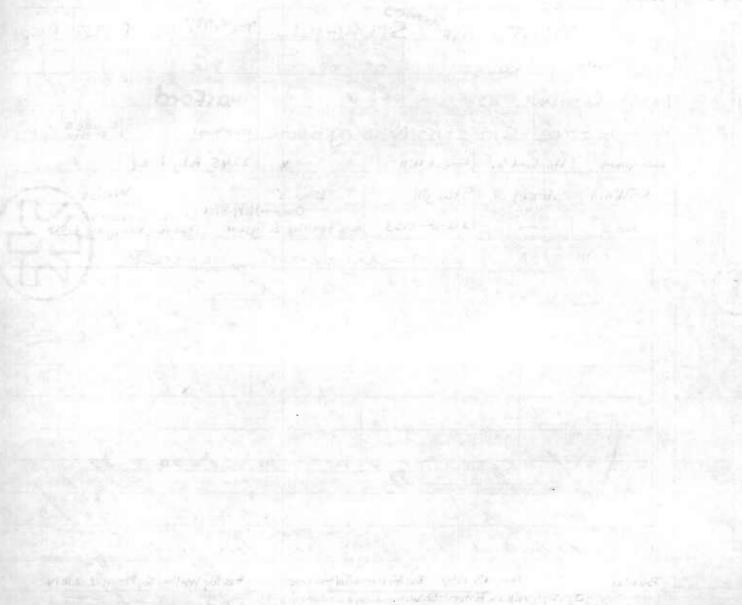
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	1 - 87	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND MEI	NTAL HYGII	ENE 2 3	0	ර ර		
		CEASED NAME	FIRST		MIDDLE	ı	AST	8-1	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	(,,,,,	OKT KINGT,	Thoms	s	Albert	Si	ngleto	n	August 1	.8,	1987	6:00 M	
	3. SEX	(4 RACE		5. DATE C			6. AGE (IN YEARS LAST B	IRTHDAY	MONTHS BAYS	IF UNDER 24 HRS	
		Male		Cau	easian		1. 7, 1	912	75	YRS		I MAN	
	Je Bil	RTHPLACE (STATE O	R FOREIGN	76 CITIZENO	WHAT COUNT	WHAT COUNTRY? 8 MARRIED NEVER MARRIED			9 BALTIMORE CITY	OR COUN	TY OF DEATH		
5	N	Maryland		U	.S.A.	WIDOWE		RCED	Harford				
7	10 CI	TY OR TOWN OF D	EATH	HE NOT IN SI	HOSPITAL, NUF		NOITE	120 USUAL OCCUPATION 12b, KIND OF BUSINESS C					
1		Fallsto				Nelson Lane			Supervisor Aircraft				
5	13a S	al residence (IF NU ITATE aryland	136 COUN	other institution of the control of	13c. CITY OR T	GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? Fallston YES NO NO NO NO NO NO NO N			13e STREET ADDRESS / ZIP CODE 2915 Nelson Lane 21047				
76		THER'S NAME		MIDDLE	1467		15. MOTHER'S M						
9		William	MIDDLE	Single	ton	Be	rtha	WIDDLE		Bule	Bulette		
Ī		VAS DECEASED EVE		MED FORCES?			17. INFORMANT		ADDI	RESS			
	(1	NO OR UNKNOWN)	(IF YES, GIV	WAR OR DATES	218-1	8-3101	ame as	above					
		18 CAUSE OF DEA	TH (Enter on	ly ane cause p	er line far (a), (b)	, and (ch.)					BETWEEN	ONSET AND DEATH	
		PART I. DEATH		BY: E CAUSE (o)_	Metas	tatic	Carcin	oma o	f Gallbl	adde	er 6	months	
	4		17.01.2077		OR AS A CONSE	QUENCE OF							
Н		Conditions, if an		((b)_	OK 75 7 CO1 102	402. 62.01							
		gave rise to in couse (0), stat		DUE TO	OR AS A CONSE	QUENCE OF							
	underlying cause last.												
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										a·		
	CERTIFICATION			OPD;		utriti							
0	1CA	190 DATE OF OPER	ATION	196 CON	DITION FOR WH	IICH OPERATIO	N WAS PERFORM	NED	20a AUTOPSY?		YES, WERE FINDI		
7	ST.							YES NO YES NO					
2		OR CONTRIBUTING			OF INJURY A.M. MONTH	MONTH DAY YEAR 21c. HOW INJURY OCCUR			JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
7	MEDICAL	(IF EITHER, NOTIFY ME	DICAI EXAMINER)	P.M.	19							
	MED	WHILE NOT	WHIIE		E OF INJURY STREET, FACTORY, OFF	ICE, FARM, ETC 1	211 LOCATION STREET		CITY OR I	NWOI	COUNTY	STATE	
			(I) (this haspi	(al) attended	the deceased fro	1	2/1	10 86	8/1	8	19_87	that (I) (we) last	
		220-1 certify that sow the dece	osed olive on	- 1/	- J	9 87 or	nd that in (my) (ou	ur) opinion d	eoth occurred on the	dote and I		man .	
4		22b. SIGNATURE	(did) (did no	view the boo	ly alter death		DEGREE				22c. DATE	SIGNED	
		11/	11/1	1-1	1/11	mmas		ENDING YSICIAN		AFF	8	/18/87	
1		22d PHYSICIAN'S	NAME (TYPE O	R PRINT)	1.00	LIVOR	22e ADDRESS	I SICIAIN	DIRECTOR FITTS	ICIAI1		21047	
		Willa	rd P.	Amos	S		2303 1	Bel A	ir Rd.	Fs	allston		
	23a B	BURIAL, CREMATION		23b. DATE		13c NAME OF C	EMETERY OR CRE		23d LOCATION				
		SPECIFY)	ial	8/21	1	Bel Ai	r Mem.		Bel Air	- 1	Harford	STATE	
	24 FU	JNERAL DIRECTOR						250 DATE		R 251 REG	ISTRAR'S SIGNA	TURE	
	M.	Gladde	n Kur	ts	Jarret	tsvill	e, Md.	MUG	14 198/	Chilia	Dundson	Rondon	

					10 6
1987 6:60	e = Jahrana				Autosi2
	7.5	SICI,	. mari		
			Town Late		has backyres .
					F modulin'
on time 21067	egels leke				Made brains I
evocate					
	negation	ia . R myr		-B.CS	No.
			no it ind nu		
	*				
	/2.6			7/25	
78/61/8 - L					
.an .nore.ca	L. M.				. S bradific
. Hat . Disortel				BE 7,11 (8	

the chardens been decreptable. Mi.

865 AUG	11:	FOR 7 S R 7 E		DEPA	RTMENT OF H	E OF MARYLAND	GIENE 2 3	087
U U J MU					CERTIF	ICATE OF DEATH	,REG. NO.	
deoth		CEASED NAME	FIRST	MIDDLE	STU	AST	PLES 10, 1987	
			NONT	Was		RGILL	. 0	5 10 1987 9:00 pm
	3_SEX	An all a series	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
		WALE	Ca	45	09	03 01	860	YRS.
ouc /		RTHPLACE (STATE OR F		N OF WHAT COUNT	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR C	DUNTY OF DEATH
1		TY OR TOWN OF DEA	olina (15 A	WIDOWE	DROTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF BUSINESS OR
10	HA	WRede Gr	Tace d	INSUCHFACILITY, GIVEST		ing Home	(TYPE OF WORK FOR MOST OF WO	
25	13a. S	AL RESIDENCE (IF NURS)	13b. COUNTY Here Good Co	13c CITY OR T		134 INSIDECITY LIMITS?	13e STREET ADDRESS / ZIII	CODE 2105
Hine	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	TAST
		william	StrEET	Sturgi	11	Emma		MEISS
dicol		VAS DECEASED EVER	IN U.S. ARMED FORCE	TEST		17. INFORMAN Onespect	70.1-6	Crocker Drive
pe medi		No		212-18-	-2153	MIS BETWICE S.		r, manyland 21014
4		18 CAUSE OF DEATH	H (Enter only one cour	se per line for (o), (b)	ond e	7	2111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e × e			IMMEDIATE CAUSE	(a) (ar 6	14	aprin	my asse	
matr				TO, OR AS A CONSE	QUENCE OF	doco	1 Time	
frou		Conditions, if any, gave rise to imm	nediote	by and	Care	ne conje		
other		couse (0), statin underlying couse		TO, OR AS A CONSE	OUENCE OF	Lutin	anderot.	cord vand
, or		PART 2 OTHER SIGN	NIFICANT CONDITIO	NS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIE	ON GIVEN IN PART
nion	NO O		111011111011110	TO CONTINUE THE O	10 001	THE RELATED TO THE TEN	MINAL DISEASE ON CONDIN	SIT OF ELL HAT DATE TO BE
àu ?	CERTIFICATION	19a DATE OF OPERAT	ION 19b C	ONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED
Sinch	F						YES NO NO	CERTIFYING CAUSES OF DEATH? YES NO NO
S	CER	21a. ACCIDENT WAS UND		IME OF INJURY JR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN	ITEM IB PART OR PART 2)
00			AUSE OF DEATH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0711			
		OR CONTRIBUTING C		P.M.	19			
or them		THE EITHER NOTIFY MEDIC	RED 21e PI	LACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
or them	MEDICAL	(IF EITHER NOTIFY MEDIC	RED 21e PI			211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		(IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE AT WORK 220.1 cert by that (I)	CALEXAMINER) RED 21e PI (AT HO RR (1) Is hospital) attended	LACE OF INJURY OME STREET, FACTORY OFFI Led the deceosed fro	ICE FARM ETC)	211 LOCATION STREET	CITYORTOWN	1
or them		(IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE AT WORK NOT WHAT WORK 220.1 cert by that (I) sow the decease	CALEXAMINER) RED 21e PI (AT HO (1) Is hospital) oftended alive an	LACE OF INJURY ME STREET, FACTORY OFFI Led the deceosed fro 22	ICE FARM ETC.)	STREET 19	2 to 0-10	
or them		(IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE AT WORK NOT WHAT WORK 220.1 cert by that (I) sow the decease	CALEXAMINER) RED 21e PI (AT HO RR (1) Is hospital) attended	LACE OF INJURY ME STREET, FACTORY OFFI Led the deceosed fro 22	om 9	STREET STREET 19 d that in (my) (our) opinion DEGREE	deoth occurred on the date of	that (I) (we) los
If them 21 is morked or them		(IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE WHILE WHILE WHILE SOW THE ALL WOOD SOW THE ACCOUNT SOW THE ACC	CALEXAMINER) RED 21e PI (AT HO (1) Is hospital) oftended alive an	LACE OF INJURY ME STREET, FACTORY OFFI Led the deceosed fro 22	om 9	STREET STREET 19 d that in (my) (our) opinion DEGREE	deoth occurred on the date of	that (I) (we) los
If Item 21 is morked		(IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE WHILE WHILE WHILE SOW THE ALL WOOD SOW THE ACCOUNT SOW THE ACC	CALEXAMINER) Zie Pi (AT HO (A	LACE OF INJURY ME STREET, FACTORY OFFI Led the deceosed fro 22	om 9	STREET STREET 19 d that in (my) (our) opinion DEGREE	2 to 0-10	that it (we) last and hour and from the cooses stated
or them	WEDICAL MEDICAL	(IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE WHILE WHILE WHILE SOW HA decease above, () (wor () 22b. SIGNIATURE	CALEXAMINER) RED (1/15 hospital) attended to the control of the	LACE OF INJURY OME STREET, FACTORY OFFI Led the deceosed fro 2 body after death. M. D. TE 2	om 499 ot	STREET 19 19 19 19 19 10 11 11 11 11	deoth occurred on the date of	that it (we) last and hour and from the cooses stated



0631

	STATE	OF M	ARYL	AND
CDADTMEN	T OF HE	ALTH	AND	MENT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 9 0 3

5 AUG I	9 8	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 2 3	6 7	J
m 5		CEASED NAME FIRST		MIDDLE	0	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
deoth		Ella		TAY	SW	seney	8.14.87		2.40PM
2	3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UND	ER I YEAR IF UNDER 24 HRS
in the state of th		FEMALE	1	WHITE	MONTH	6 1927	60	YRS	DATS HOURS MIN.
n 72 hou		RTHPLACE (STATE OR FOREIGN PA	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O	RECOUNTY OF DI	
Ind with	-	TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET RO MEMORIAL	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOMEMAKER	ON 12b OF WORKING LIFE) IN[KIND OF BUSINESS OR DUSTRY
125	13a. S		ROTHER INSTITUTION NTY FORO	13c. CITY OR TOW ABEROEEN		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 1321 LOFLIN		21001
ond 7	14 F.A	THER'S NAME FIRST ROBERT	G.	HALL		15. MOTHER'S MAIDEN NAM FIRST LAURABELLE	ME		ROBERTS
Poges 1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRE	ŚŚ	
		NO	TE THAT ON BATES!	217 22 089	95	MRS. GEARLOINE C	CUMMINGS, SA	ME AS #13e	
movol.		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUS		CARDIO RES		TORY FAIL	UKR		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
in other froundic		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)_	CARCI N OR AS A CONSEOU	ENCE OF	OF LUNG-L			6 MUNTHS
	NO NO	THROMB	-	LEBITIS	01-	6.1	THAT DISEASE ON COIN	DITION GIVEN IN	FART III
15	ERTIFICATI	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	20a AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
ental Hya	U,	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINI	ATH HOUR A	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURE		RY IN ITEM 18 PART I OI	PART 2)
h ond Mrked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET FACTORY, OFFICE	FARM ETC)	21f. LOCATION STREET	CITY OR TO	WN CC	DUNTY STATE
for use of for use of of Healt 121 is ma		220.1 certify that (1) (this hosp saw the deceased alive a above, (1) (we) (did) (aid n	811	31 6 13 19	27	nd that in (my) (aux) apinion (to 8 10 death accurred on the de		. man for free from
tal Differded detached one Dept			uhani			DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	S) 14 1 17
TO FUNERAL (should be deta with the State [IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE	ORPRINT)	NI		131 S.UNION	AVE HAVRE	DE GRA	MD 2107
≓ to 3 ≥ 1		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	17 AUG			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COU	
	24 FI	JNERAL DIRECTOR	11/ AUG	031 07 1	HINGEL H	ILL CEMETERY 250 DAT	HAVRE de G	25b REGISTRAR'S	ORD COM MD.
- 16 60M 7/84 /RA 15, 4)		MITCHELL FUNERAL H	OME, PA.	HAVRE de G	RACE, M	AUU	10 198/ 0		4

Market Series at the Series

the state of the s

all for

0.00

P 188 81 nnv

162575

	STA	TE	OF N	IARYI	LAND	
DEPARTMENT	OF	HE	ALTH	AND	MENTAL	HYGIE
					m m danks	

NE

9 2 3 o

G 13	87:	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME FIRST N	laude	MIDDLE Edward		Thomas	Que , 8, 19	87	26 HOUR 3:40 PM			
	3. SEX		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR HDAY)	IF UNDER 1 YEAR	IF UNDER 74 HRS			
		Female	Black	5	Dec.	24, 1894 YEAR	92	RS. MONTHS DATS	HOURS MIN.			
55 /		IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COL					
8		arvland	T	JSA	WIDOWE		Harfor	d	MD.			
6	10 C	ure de Glace	11. NAME OF		G HOME C	DROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOUSEWIFE		OF BUSINESS OR			
e C	13a S M a		or other institution inty rford	GIVE RESIDENCE BEFOR 134, CITY OR TOW Edgewood	/N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZFG	gewood,Me r Drive,	1. 21040 Apt. G.			
al a	14 F/	ATHER'S NAME	MIDDLE	LAS1		15. MOTHER'S MAIDEN NA	WE	LA!	ST			
D. C.		Charles	-	Beasle	ey	Laura	Edward	More	ran			
looi		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	Fadewoo	d,Md. 210	040			
med	L '	no		213-42-2	ter Drive	Apt.E						
event, the		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse pe ED BY: ATE CAUSE (o)	r line for (6), (by, or	MA	e arr	ist		CIMATE INTERVAL ONSET AND DEATH			
motice			DUE TO, C	R AS A CONSEQU	ENCEO	48 410007	Failwe					
or other from		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, C	OR AS A CONSECUL	ENCE OF	religosic						
njory, or	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0										
Aus out	CERTIFICATION	196 DATE OF OPERATION	V	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO C	F YES, WERE FINDI ERTIFYING CAUSES YES [NGS USED S OF DEATH?			
Hem 18 sho		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A	DF INJURY M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE.	M 1B PART (OR PART 2)				
morked or th	MEDICAL	21d INJURY OCCURRED		OF INJURY FREET, FACTORY, OFFICE,	FARM ETC }	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
E		22a I certify that (I) (this has	pitof) ottended t	he deceosed from_		, 19	, to		that (I) (we) last			
21 is		sow, the deceased alive of	n	ofter death	. 01	nd that in (my) (aur) apinion	death accurred on the date and	d hour and from the	couses stated			
T. If hem		Dentini	mone	chilm	n	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DPHYSICIAN	8 P	10/87			
MPORTANT: If he		DANTE	MON	AKIL		Es Suni	on Arytara	de Gro	u Krel			
7		BURIAL, CREMATION, REMOVA (SPECIFY) Burial				EMETERY OR CREMATORY	23d LOCATION CITYORTOWN Abingdon	COUNTY	STATE - DM - D			
7/84		UNERAL DIRECTOR		3,1987 J			EREC Y BY REGISTRAR 256 RE	GISTRAR'S SIGNA	TURE			
)		Howard K. McCor	mas III,	Abingdon	Md.	21009 AUG 1 1	1987 July De	pidern-Kanda	AA			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

tanti

o _ o

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR AUG BUEG SED NAME 2h HOUR ADAH 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR DAYS MOURS BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) Maryland 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKET INDUSTRY 21132. 13e.STREET ADDRESS / ZIP CODE 13a STATE 13d. INSIDE CITY LIMITS? Ycesúi NO XX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Watkins Hannah Amos ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT ARMED FORCES? Pylesville Gloria, Thompson, Old St. Mary's Rd. 18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating underlying couse NOT RELATED TO THE TERMINANDISMASE OR CONDITION GIVEN IN PART THE CERTIFICATION LOATE OF OPERATION 28s. IF YES, WERE FINDINGS USED CODENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH 21d INJURY OCCURRED THE PLACE OF INJURY 211 LOCATION MARKE AT HOME STREET PACTORS OFFICE FARM, ETC. CITY OF TOWN NOT WHAT 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the couses stated DEGREE MEDICAL STAFF PHYSICIAN 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/84 (VRA 15, 4)

5

24 FUNERAL DIRECTOR

Burial

Harkins Funeral Home, Inc., 600MainSt, Delta, Pa

8/26/87

Highland Cemetery

Street 256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Harford

064220 AUG 31 87

347.48/ 1/ 72/1/2

STORY GENERALIZE

31, -, 3,

12 n 3

The state of

× ×

STATE OF MARYLAND

2309	

3 4 AUG		87R STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 2 3	593	
71.6		CEASED NAME FIRST		MIDDLE	10	ST /	20 DATE OF DEATH	MONTH DAY YEAR	h HOU
460 peop		Evel		6.	u	lest-	Hugust -	31481	6-
offer p	1.5E		4 RACE		S. DATE O	DAY YEAR	6. AGE AIN YEARS LAST BIRT		HOURS
David Ad		emale RTHPLACE (STATE OR FOREIGN	White	F WHAT COUNTRY?	10	19 07	79 9 BALTIMORE CITY/O	YRS PROTECTION OF DEATH	
11 1/6	- 21	ennsylvania	USA	r WHAI COUNTRY:	MARRIED	NEVER MARRIED	Hactor	COUNTY OF BEATH	
11/1/	-	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI		ROTHER INSTITUTION	12a USUAL OCCUPATION		BUSINI
13 100	16	Wre de Grac	e Har	tord M.	em.	Hospital	Housewife	WORKING LIFE) INDUSTRY	
226		TATE 13b. COL		13c CITY OR TOV	WN I	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	
10			ford	Aberdee	en	YESX NO		ck Dr. Apt.2D	2
101/ 65	14. Fy	THER'S NAME	Valter	LAST TO		15. MOTHER'S MAIDEN N	MIDDLE	LAST	
10/00/	The N	Charles V		Eber1	2	Mary 17 INFORMANT	Jane	Bonebra	ke
pool of		YES, NO OR UNKNOWN) (IF YES, O	IVE WAR OR DATES)					Havre de Gra	
5 1	\vdash	No N/a		205-36-8	3408	Carroll West	111 Raradis		
hysic popul seed		PART I. DEATH WAS CAUS	ED BY	er line for (a), (b),	7	- fo 0	Last	BETWEEN CO.	SET AND
ring p		IMMEDIA	ATE CAUSE (a)_	Car	an u	man 1			-7
a co on, o		Conditions, if ony, which	DUE TO,	OR AS A CONSEOL	JENCE OF	Trun llac	ien Human	true 1	20
The state of the s		gove rise to immediate couse (0), stating the	DUE TO	OD AS A SONSEON	IENCE OF	1 - 1	0/10	1	
E A		underlying cause last.	(6)_	OR AS A CONSEQU	I h	in freez	/		
1		PART OTHER SIGNIFICANT	ADNOTIONS S	ONJRIBUTING TO	DEATH BUT	NOT RELATED TO THE JER	MINAL DISEASE OR COME	TOPH GIVEN IN PART TO	
1 2 d	Į.	Varalyte J	llus,	Augest	ev p	wententi	to prale	is milles	
7 6 6 60	CERTIFICATION	196 DATE OF OPERATION	IN CON	DITION FOR WHICH	H OPERATION	O. alle	296 AUTOPSYT	THE FES, WERE FINDING IN CERTIFYING CAUSES O	F DEAT
200	EN	71a. ACCIDENT WAS IMPERITING	7 216 THAT	OF INJURY 1	nt o	ALL GOLD OCCU	RRED (ENTERNATURE OF FOUR	YES []	NO.[
P STEE	0.55	OR CONTRIBUTING CAUSE OF D	EATH HOUR	A.M. MONTH	YEAR	Manuelle	AMERICA CANADA CO. CONTR.	Andrew Control of	
Ment of the	MEDICAL	21d. INJURY OCCURRED	The second second	E OF INJORY	19	ZII LOCATION	7,100,000,000		
4 4 9 9	A.	AT WORK	(AT HOWE.)	THE PETON OFFICE	FARM ETC.)	ATMEST.	City Of 104	Ne countr	
A A A A A A A A A A A A A A A A A A A	3	220.1 certify that (I) (this hos	oitol) ottended :	he deceased from	7-	31 108	7 10 8-	3 1087 1	at th h
4 2 1 1		sow the deceased alive a	8-	3 10	87 on	d that in (my) (aur) opinion	death occurred on the do	te and have and from the ca	uses sto
REC PER	18	abave, (1) (we) (did) (did r 27b. SIGNATURE	nati yrew, the boo	dy ofter death.	[DEGREE		22c DATE S	GNED
and		MM	6			ATTENDING	MEDICAL STAF	FIAND 8/37	47
5 8 1 3 T		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS DA	Money to 6	10/	7
POST POST		LX7ATT2	THA	MIL		& Law A	The lu	- 17d 2100	21
5 25 1 5		BURIAL, CREMATION, REMOVA	L 23b DATE	230	NAME OF C	METERY OR CREMATORY	23d LOCATION		-
BP		Burial	8/5/8	87 G	reenhil	1 Cemetery	Waynesbor	Franklin	Pa
MH - 16 60M 7/84	24 F	JNERAL DIRECTOR				256. P. C		756 REGISTRAR'S SIGNATU	RE
(VRA 15, 4)	Ta	rring Funeral I	Home PA	Aberdeen	Md 210	001-3399 A	1001	Julia Dividion- K	anda

AUG 4 1607 gat Alice 12 and

	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dea		TO FUNERAL DIRECTOR: After this certificate has been supply the William physician and campletely tilled in by the tune	should be detached for use as the burial-transit permit. Then there is expandable to ages I and 2 should be filed within
_	ofte		, the	3 p
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	Surs		n b)	e fall
0 2	4 hc		ed.	Q P
N N	in 2		y t	hous
¥ ×	with		ete	97
¥	ted		dwo	8
ORE	xecu		o pc	des.
¥.	9		0 0	Pa
ALI	ote l		SICIO	pers
	Hice		phy	ngu
Z	Cer		guil	rbo
STO	eoth		Ě	-
PRE	e d	1	ř	8
¥	ot t	(200	ŝ
201	es th	,	1	8
05,	doir		SIG	he
Ö	5		seen	Jul 1
NE.	0 0	ė	so.	peru
IA	=	0.5	ote	usit
>	A Z	hud.	tricc	-tro
Z	SIC	50	Cer	DEID
SIO	H	Bus	‡ F	he b
>	NO	5	Her	2 50
	N.	5	R: A	USe
	ATTE	2	CTO	o l
	OR		JIRE	chec
	AL		AL	deto
	SPIT	3	NER	be
	TO HOSPITAL OR ATTENDING PHYSICIAN, The IC	DI DI	F	should be detached for use as the burial transit permit. Then line is immort carbon papers.
	0	2	7	-S

		tem #23b., G-630, 8 FOR STATE REGISTRAR	/17/87, by F.H.,/ DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYS ICATE OF DEATH	DIENE 2 3 C	94
060280 JN	22	ASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH MON	10 11001
moy by by ter death		J. C.		Wilsor		7	18 87 _M
ge 4 mo ector. po	3 SE	Male	Black	S. DATE C		6 AGE IN YEARS LAST BIRTHDAY	MONINS DAYS HOURS MIN.
death. Podentin 72 haun 72 hau	70. 8	COUNTRY) Alabama	76 CITIZEN OF WHAT COUN	MARRIE WIDOWE	DEVER MARRIED DIVORCED D	9 BALTIMORE CITY OR CO Harford Co	
the fu)	Aberdeen :	11. NAME OF HOSPITAL, NI 46 E. Belair	URSING HOME C STREET ADDRESS) AVE Ant	OR OTHER INSTITUTION:	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Retired	RKING LIFE 12% KIND OF BUSINESS OR INDUSTRY
124 hours		STATE Md		TOWN	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP 46 E. Belai	CODE 21001 ir Avenue Apt 9
MARYLA mpletely and 2 sh) IL F	Ed FIRST	MIDDLE LAS	ilson	Minnie	WIDDLE	Bradford
IMORE,	160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIT	MED FORCES? 166 SOCIAL 424-09	SECURITY NO. -9198	Marilyn Wil:	son 46 E.	Belair Ave
ST., BALI entificate li ig physicia compapers remaval.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH H MONTHS						
ADOPTICE OF THE NUMBER OF THE PROPERTY OF THE							
RDS, 201 V	NOI	PART 2 OTHER SIGNIFICANT I		G TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIC	DN GIVEN IN PART To
AL RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	'HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IN	LEFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
4 OF VITA SICIAN: The graphysicio certificate irral-transit ental Hygie		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	ITEM 18 PART I OR PART 2)
IVISION UG PHYS offendin ter this c is the but hond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET FACTORY, O	FFICE, FARM ETC.)	21F LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) (this hasp saw the deceased alive on above. (1) (we) (did) (did no				death accurred on the date a	ind haur and from the causes stated
AL OR A the has AL DIREC detached sie Dept		272 SIGNATURE . De	efter of		M.D. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED 7/21/87
TO HOSPITAL OR ATTEND retained by the hospital or TO FUNERAL DIRECTOR: 3 should be detached for use with the State Dept. of Heo MADORTANT: If them 21 is in		ERIC J. SEIF			GII PARK AN		DRE, MD 21201
BP	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7/ 24 /87		emetery or crematory on Forest Vet	23d LOCATION Owings	Mills Md
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	Wm C March F/	H 4300 Wabas		25a. DA	TE REC'D. BY REGISTRAR 256 UL 21 1987	

STATE OF MARYLAND

X 20 11	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 3 5 7) 3
		HELEN	RUTLEDGE	WIMMER	AUGUST 1,19	87 7:40 T
ge 4 moy ector pag rs ofter de	3 SE		CAUCASIAN	5. DATE OF BIRTH DEC 23,1967	6 AGE (IN YEARS LAST BIRTHDAY) 79 YRS.	IF UNDER 1 YEAR IF UNDER 24 MRS
leoth. Pour in 72 hour	1	SIRTHPLACE ISTATE OR FOREIGN COUNTRY) NARYLAND	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY HARFOR	
by the fulled with	7/100	BEL AIR	THE NOT IN SUCH FACILITY STVE STREET	ING HOME OR OTHER INSTITUTION TADDRESS) TALES ENT HOME, IN	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE TEACHER	12b. KIND OF BUSINESS OR INDUSTRY
filled in		STATE / 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO JNTY 13C, CITY OR TO RFORD FOREST	WHILL YES NO B	13. STREET ADDRESS ZIP CODE 2709 PUTNA	M Rd 1050
ompletely and 2 s	21)	JOHN JO:	SHUA RUTLE		MARY	VILSON
n and co			RMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 217-24	-5213 BLANGHE R	SLADE, ISII No.	BEND Rd,
eath certificate tending physicir re carban poper on, or removol.		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), of SED BY: ATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE (b)	JENCE OF	K/A	APPROXIMATE INTERVAL BETWEEN ONSET, AND DEATH
that the d		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU			
equires	NO NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART I IO
on. hos b t perm ene pro	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
SICIAN: T g physici certificate riol-transi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		DAY YEAR	RRED ENTER NATURE OF INJURY IN ITEM IS P.	ART I OR PART 2)
ING PHYS r ottendin	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	(NY OR TOWN	COUNTY STATE
spital or CTOR: A for use of Health		saw the deceased alive of	pital) ottended the deceased from 19	87, and that in (my) (autropinia)	n death occurred an the date and hou	19, that (I) (we) last and from the causes stated
AL OR A the hos AL DIREC detoched ate Dept.		22b. SIGNATURE	Leuman Tu		MEDICAL STAFF DIRECTOR PHYSICIAN	AUGUST /18
O HOSPIT etained by O FUNER hould be with the St		PHILIP W	HELLMAN, M	307 HICK	ORY AVE, BELF	Air, Md 21014

		7	YES NO	IN CERTIFYING CAUSES YES	OF DEATH?
216. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	21c HOW INJURY OCCU	RRED ENTER NATURE OF IT	NJURY IN ITEM 18 PART 1 OR PART 2)	
ZId INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CHYON	CODNIA	STAT

PHILIP W. HELLMAN,	, IIII)	30/ 77/220	RY MIL, 1.	DELHIRING	2101
Burial, CREMATION, REMOVAL 23b. DATE 8/5/87		METERY OR CREMATORY Cemetery	Madonna	Harford	Md^IE

DHMH - 16 60M 7/B4

BP

(VRA 15, 4)

8/5/87 Bethel Cemetery Burial 24 FUNERAL DIRECTOR Benjamin W. Kurts Jarrettsville, Md.

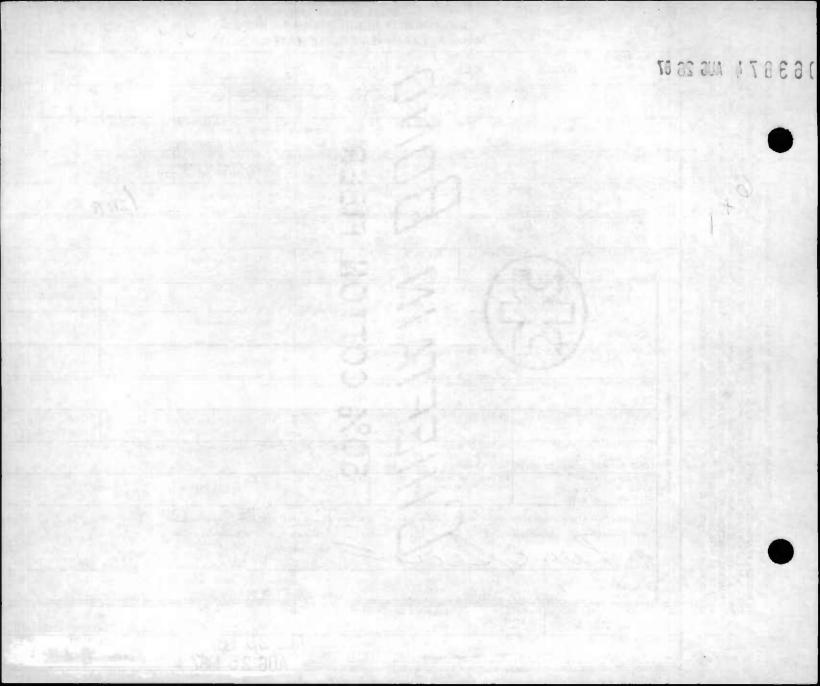
250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 05 1987

Little to the same that the same is the

Mark Charles and Control of the Cont

on amagement area. . infalled

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO. ECEASED NAME 20. DATE KNOWN DEATH MATED Paul NMN Woods DIRECTOR OUR FILES. Jr. 19 87 2am M STREE 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR MONTH LAST BIRTHDAY) PRONOUNCED 845 15 21 66 YRS Black. DEAD 1987 a BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED X DIVORCED Harford Georgia CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Retired Army OR INDUSTRY 718 Erie St. Havre De Grace UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 3a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Harford MD Havre De Grace YES 718 Erie St. NO T A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Paul Woods.Sr. Essie Woods 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO 7 INFORMANT ADDRESS 259 16 0253 WW II Korea Son same 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL ITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PED TO THE CHIEF MEDICAL EXAMINER ALONG WEST SHOULD BE USED AS A BURIAL - TRANSIT PERMIT 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PERMIT OF HEALTH AND MENTAL HYGIENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Coronary heart disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which ASCVD diabetes gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.O. 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FAITH HE STATE DEPARAFIE DEPARAFIE DEPARAFILAND, 21201 PRIO 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN STATE LX. 220. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted frame Natural causes Hamicide ___ Undetermined manner TITLE (SPECIFY) MD Deputy 8/21/87 MEDICAL EXAMINER EXAMINER'S NAME Luis E. Reniel, M.D. ADDRESS464 Alliance St. HavreDeGrace, MD (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 8/25/87 Buria1 St. James Union Havre de Grace, Harford, Maryland 07/84 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399 (VR A15 ME (5))



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEA

2	6	9	7
	RFC.	NO	

**		REGISTRAR		MEDI		AEK 2 CEKII	BUIL	OF DEA		REG. NO.	- 61		
		CEASED NAM E OR PRINT)	E FIRST LEONA	ANI	NA	YESCHK	4		OF E	OWN X MO		YEAR J	1:20
	3. SEX		14. RACE	S. DATE OF BIRTH	6. AGE (IN YE			R 24 HRS.	C DATE	ATED AUC	NIH DAY	1.87	PM M
		male	White	Aug. 27, 19	YEAR LAST BIRTHD	DAY) MONTHS DAY			PRONOUNCE	Aug.		19 87	2:00
1		RTHPLACE (S	TATE OR	76 CITIZEN OF WHA	T COUNTRY?	MARRIED	NEVED MAD	DIED T	BALTIMOR	E CITY OR CO	DUNTY OF D		AAA
2	Pe	ennsylv		USA		WIDOWED 🔀	DIVOR	CED 🗆		ford C	-		MD.
1	10. CIT	TY OR TOWN			ITAL, NURSING HOM	E, OR OTHER INST	TUTION		AL OCCUPAT OST OF WORKIN	ION (TYPE OF W	ORK 12b KII	ND OF BU R INDUSTR	SINESS
4		Joppa		708 Magno				W	aitres	S	Res	taura	ant
2	13a ST		(IF IN NURSING HOME OF	R OTHER INSTITUTION, GIVE F	RESIDENCE BEFORE ADMISS		E CITY LIMITS?	13e. STRE	ET ADDRESS				13.00
2		ryland	Harf	ord	Joppa	YES [25		Magno	lia Ro	ad 2	1085	
1	14. FA	THER'S NAME	9	MIDDLE	LAST	15. MO	THER'S MAIL	DEN NAME	MIDD	LE	7	LAST	
4		John	_	_	Stinger		Mary			_	(unk	nown)
	16a W	VAS DECEASE ES, NO. OR UNKNO	D EVER IN U.S. ARM		166 SOCIAL SECURIT		DRMANT			addres Jor	pa, Md.	. 210	85
		no			214-26-09	942 Gus	ave F	· Yesch	nke, 70	08 Magn	olia l	Road,	NEWS
		18 CAUSE C	OF DEATH (Enter only	y one cause per line fo BY:	/ /	20 414011	11.	1	2	10000		PROXIMATE VEEN ONSET	AND DEATH
		150		E CAUSE (a)	COR		HE	ant	1)11	MOLY			
	198	Conditio	ns, if any, which	DUE TO, OR AS	S A CONSEQUENCE	OF 14.1	CU.	0					
		gave ri	se to immediate) stating the under-	(b)						1			
		lying cou		DUE TO, OR AS	S A CONSEQUENCE	OF					200		
		PART 2 DYHER SI	IGNIFICANT CONDITIONS C	ONTERRITING TO DEATH BUT	NOT BUILD TO THE YER	HINAL DUSTACE DISCOUR	TID D AILIEN III. A						
		PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED 1D THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 10.											
0	ATIC	19a DATE OF	OPERATION	196 CONDITIC	ON FOR WHICH OPER	RATION WAS PERF	ORMED?	-	-		20 A	UTOPSY?	
1	IFIC	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 216. HOW INJURY OC									,	res 🗆	NO 🗆
0	ER		AL CAUSE WAS	21b. TIME OF IN		21c. HOW INJU	RY OCCURR	ED LENTER N	ATURE OF INJURY	IN ITEM 18 PART 1			110 1
3		UNDERLYING	OR OR	EATH P.M.	MONTH DAY YEAR	.R							- 30
1		21d INJURY C		21e PLACE OF	INJURY (ATHOME,	211 LOCATION							
	E	AT WORK	NOT WHILE AT WORK	STREET, FACTOR	IY, FARM, ETC.)	STREET			CITY OR TOWN		COUNTY		STATE
		22a. I certi	fy that I taak charge	e al the remoins descri	ibed above, held on	Autopsy .	Inspecti	on []	Inquiry [anding	ny opinion		
		death result	ed from: Mature	al causes , A	accident Z, Su	vicide , Ho	micide .		rmined mann	land.	., .,		
		ACTUAL	1	6/	//	1 PTITLI	(SPECIFY)				. 75		3 60
5		SIGNATURE.	pu			M.D. De	puty	MEDIC	CALEXAMIN	ER S	ATE 8-6-		
A	(SEED)	EXAMINER'S	NAME		3 M D		100		<u> </u>		210)78	
-	_	TYPE OR PRI	TION, REMOVAL 23	s E. Renje						Havre	de Gr	ace,	Md.
	(SF	PECIFY)			and the second second	METERY OR CREM.		CITY O	RTOWN		COUNTY	STA	ATE
	24. FU	JNERAL DIREC		ug.8,1987	Mt.Zion	Cemetery	750. ADA 18	REGID AV	REGISTRAR	Ha 25) REGISTRA	rford	RF -	Md.
		NAME		ADDRESS		01000	AUT	ורכ	1977	A. A. O. O. O.	indun.	Condae	A.
	HO	ward K	. McComas	III, Abir	igdon, Md.	21009							

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CRETIFICATE, WRITING THE WORD, "PENDING THE MORD," PROBLED IN THE CHIEF MEDICAL SHOULD BE FORWARD TO THE CHIEF MEDICAL SHOULD BE FORWARD 3. RETAIN PAGE 5 FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BLEAT RANGIN FRAMIT, PAGES I AND 2 SHOULD BEFLED, WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 20 I W, PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURRAL, CREMATION, OR REMOVAL.

DHMH - 17 (VR A15 ME (5))

20M 4/82

TO THE TANK

CP-3 T CONTROL OF THE PROPERTY OF THE PARTY OF THE PARTY

DHMH - 17 (VR A15 ME (5)) Burial 9/1/87

Harford Mem. Gardens

Aberdeen

Harford

Md

24. FUNERAL DIRECTOR
Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399 SEP 3 1987

TEGE & RG2

062490

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	4	Fra	Q	
Ga	U	U		
REG	NO.			
				_

19	87SED NAME	Ethe		TO HIN	V.	rung	20 DATE OF DEATH		DAY YEAR	2b HOUR
1.5E			4 RACE	NONIN	5. DATE O		August 8	-	IF UNDER I YEAR	15 UNDER 24
a, 96.	FEMALE		Whit	E		TO 1881	106		MONTHS DATS	HOURS
7s. 01	IRTHPLACE STATEO	R FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY C	PR COUNTY	OF DEATH	
	Maryland		u.s.A.		MARRIED NEVER MARRIED WIDOWED DIVORCED		Harford County			
1000	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN	NG HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINES
1	Fallston		FAllsto	on General	Hosp	hatig	Housewife		Home	EMAKE
130. 5	NATIONAL OF NO	13b. COUN		134. CITY OR TOW	/N 1	13d. INSIDE CITY LIMITS? YES NO 🔀	130 STREET ADDRESS	ZIP CODE	Rond	2103
17	ATHER'S NAME		MIDDLE	LAST	-	15 MOTHER'S MAIDEN NA	MIDDLE		- ta	ST
/	ZACKAT		Hon	Cilpert		Katheri	NE		Cron	124
	WAS DECEASED EVE YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECT	7183	17 INFORMANTESA)	-523-296400k	127 PA	rk Aver	oue about 21
	18 CAUSE OF DEA	TH (Enter an	ly ane cause per	line far (a), (b), an	id ic)					IMATE INTERVA
	PART I. DE ATH		D BY. E CAUSE (a)	Cardiac	An	rest				
	Conditions, if on gave rise to in cause (a), state underlying cause	nmediate ing the se last	(e)	TECHEN IR AS A CONSEQUE ONTRIBUTING TO I	ENCE OF	HEART D		DITION GIVI	EN IN PART I	a
IFICATION	gave rise to in cause (a), stat underlying caus	nmediate ing the se last	(c) CONDITIONS <u>Co</u>	R AS A CONSEQUE	ENCE OF		IN AL DISEASE OR CON	206 IF YES	, WERE FINDIN	NGS USED OF DEATH
CERTIFICATION	gave rise to in cause (a), statunderlying coust PART 2 OTHER SIG	mediate ing the se last	(c)	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO X	20b IF YES IN CERTIF	, WERE FINDING CAUSES	NGS USED
CERT	gave rise to in cause (a), stat underlying coust PART 2 OTHER SIG	mediate ing the se last SNIFICANT C ATION NDERLYING CAUSE OF DEA	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO X	20b IF YES IN CERTIF	, WERE FINDING CAUSES	NGS USED OF DEATH
MEDICAL CERTIFICATION	gave rise to in cause (a), statunderlying coust underlying coust PART 2 OTHER SIGNATURE OF CONTRIBUTING CIFETHER NOTIFY MEDITAL CONTRIBUTING CIFETHER NOTIFY MEDITAL COUNTRIBUTING COUNTRIBUTI	ATION ATION DERLYING CAUSE OF DEA	ONDITIONS CONDITIONS C	ONTRIBUTING TO I	DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO X	20b IF YES IN CERTIF' YES	, WERE FINDING CAUSES	NGS USED OF DEATH NO
CERT	gave rise to in cause (a), statunderlying coust underlying coust part 2 OTHER SIGN 190 DATE OF OPER. 210, ACCIDENT WAS UI OR CONTRIBUTING [If EITHER NOTIFY MEI AT WORK AT WORK AT W 220.1 certify that (ATION AT	196 COND 196 COND 196 COND 197 TIME C HOUR A. 216 PLACE (AT HOME ST)	ONTRIBUTING TO I	DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURI 21f. LOCATION 519EE1	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b IF YES IN CERTIF' YES	, WERE FIND II YING CAUSES S ART LORPART 21 COUNTY	NGS USED OF DEATH NO STA
CERT	gave rise to in cause (a), statunderlying coust underlying coust underlying coust part 2 OTHER SIGNATURE OF CONTRIBUTING CIFETHER, NOTIFY MEI CAT WORK Saw the deceabase, (b) (Control of the country of of the cou	ATION AT	196 COND 196 COND 196 COND 197 TIME C HOUR A. 216 PLACE (AT HOME ST)	ONTRIBUTING TO I	DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f LOCATION STREET 2 UV 19 3	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b IF YES IN CERTIF' YES	COUNTY	NGS USED OF DEATH NO
CERT	gave rise to in cause (a), statunderlying coust underlying coust part 2 OTHER SIGNATURE OF OPER. 210. ACCIDENT WAS UITOR CONTRIBUTING (IF EITHER NOTIFY MEI AT WORK) 220.1 certify that (saw the deceded	ATION AT	ONDITIONS CONDITIONS C	ONTRIBUTING TO I	DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f LOCATION 519EE1 2d that in (my) apinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO to AUTOPSY death accurred on the d	20b IF YES IN CERTIF' YES IN ITEM 18 PA	COUNTY 19 22C DATE	NGS USED OF DEATH NO That (I) that (I) causes state
CERT	gave rise to in cause (a) statunderlying coust underlying coust underlying coust 190 DATE OF OPER. 210. ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER NOTIFY MEI ALWORD ALWOOD ALWOOD ALWOOD COUST OF THE CONTRIBUTION OF CONTRIBUTION OF COUNTRIBUTION OF COUNTRIBUTIO	ATION AT	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f LOCATION 519EE1 2d that in (my) apinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUITY OR TO	20b IF YES IN CERTIF' YES IN ITEM 18 PA	COUNTY 19 22C DATE	NGS USED OF DEATH NO That (I) that (I) causes state
CERT	gave rise to in cause (a), statunderlying coust underlying coust underlying coust 190 DATE OF OPER. 210. ACCIDENT WAS UI OR CONTRIBUTING [IF EITHER NOTIFY MEI VALWORE] AT WORLD ALWOOD ALWOOD COUST CONTRIBUTION COUNTY (II) Saw the decease of the control of the county (II) [IF II] 220. SIGNATURE 220. PHYSICIAN'S N. 220. PHYSI	ATION AT	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21f LOCATION	20g AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO to VIVE death accurred an the d MEDICAL STA DIRECTOR PHYSIC	20b IF YES IN CERTIF' YES IN CERTIF' YES	COUNTY 19 87 condition the	NGS USED OF DEATH' NO STA' that (I) Causes state SIGNED
MEDICAL CERT	gove rise to in cause (a), statunderlying coust underlying coust underlying coust part 2 OTHER SIC 190 DATE OF OPER. 210. ACCIDENT WAS UI OR CONTRIBUTING [IF EITHER NOTIFY MEI AI WORK AI WO	ATION AT	In the conditions of the condi	ONTRIBUTING TO I	DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 21f. LOCATION STREET 21g. ADDRESS 22c. ADDRESS 2212. Church	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO ta AU (10 & death accurred on the d MEDICAL STA DIRECTOR PHYSIC	20b IF YES IN CERTIF' YES IN CERTIF' YES	COUNTY 19 87 To and from the 222 DATE Aware Aware	NGS USED OF DEATH' NO STA that (I) (I) (a) causes state SIGNED 1-9, 191
MEDICAL CERT	gove rise to in cause (a), statunderlying coust underlying coust underlying coust 190 DATE OF OPER. 210, ACCIDENT WAS UI OR CONTRIBUTING (FEITHER NOTIFY ME) 21d, IN JURY OCCU AT WORK AT W 220.1 certify that (ATION AT	In the conditions of the condi	ONTRIBUTING TO I	DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 21f. LOCATION STREET 21g. ADDRESS 22c. ADDRESS 2212. Church	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO ta AU (10 & death accurred on the d MEDICAL STA DIRECTOR PHYSIC	20b IF YES IN CERTIF' YES IN CERTIF' YES	COUNTY 19 87 To and from the 222 DATE Aware Aware	NGS USED OF DEATH' NO STA that (I) (I) (a) causes state SIGNED 1-9, 191
MEDICAL CERT	gove rise to in cause (a), statunderlying coust underlying coust underlying coust part 2 OTHER SIC 190 DATE OF OPER. 210. ACCIDENT WAS UI OR CONTRIBUTING [IF EITHER NOTIFY MEI AI WORK AI WO	ATION AT	ONDITIONS CONDITIONS C	ONTRIBUTING TO I	DEATH BUT OPERATION AY YEAR 19 EARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 21f. LOCATION STREET 21g. ADDRESS 22c. ADDRESS 2212. Church	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUDENT OF TO STATE OF	20b IF YES IN CERTIFY YES RY IN ITEM 18 PA	COUNTY 19 87 To and from the 222 DATE Aware Aware	star (I) (Causes state SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

163745

may be

rector, page 3 urs ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	BF	STATE REGISTRAR			DEPARTM	CERTIFICATE OF DEATH 2 3 7 0 0					
	I. DEC	CEASED NAME	FIRST		MIDDLE	l	AST %	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
4	TYPE	OR PRINT) Kath	rvm	Monks		Young	ner	August 24,	1987	1	6:55 A
3	3. SEX			RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
	Female			White		August 16,1923		64	YRS	MONTHS DAYS	HOURS MIN
7	70. BIRTHPLACE (STATE OR FOREIGN Mafy land			76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY		Y OF DEATH	^
-	For	TY OR TOWN OF DEA	28	(IF NOT IN SUC	Jarretts	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Operator			OF BUSINESS C
	USUA 13a S	AL RESIDENCE (IF NURS STATE Vland	136 COUNT Harfo	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS 206 W. Jan	/ ZIP COL	≥ 210	50
7	14 FA	THER'S NAME FIRST	~	NDDLE	Monks		15. MOTHER'S MAIDEN NA	Alice	2	Mon	ks
	160 WAS DECEASED EVER IN U.S. AR			MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT				Younger Forest Hill, Md. 21050			
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)							BETWEEN	(MATE INTERVAL ONSET AND DEATH		
		Conditions, if ony,	1 103_	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER			MILL DISEASE OR CONDITION GIVEN IN PART 110				
	NO	couse (b), statin underlying couse PART 2 OTHER SIGN	last.	DUE TO, O	Durce	- M	NOT RELATED TO THE TERM	LAULULA OR COM	NDITION G	IVEN IN PART 1:	0
7	TIFICATION	underlying couse	last.	ONDITIONS C	ontributing (i) c	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YI	ES, WERE FINDING CAUSES	NGS USED
	CAL CERTIFICATION	underlying couse	I lost. NIFICANT CO TION DERLYING CAUSE OF DEAT	196 COND 196 COND 216 TIME C HOUR A	ONTRIBUTING (I) E	DEATH BUT		200 AUTOPSY? YES NO	20b. IF YI IN CERT	ES, WERE FINDII	NGS USED S OF DEATH?
	CAL	UNDERLYING COUSE PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNIT OR CONTRIBUTING	I lost. NIFICANT CO TION DERLYING CAUSE OF DEAT CAL EXAMINER) RED	19b COND 19b COND 21b. TIME C HOUR A P. 21e. PLACE	ONTRIBUTING (I) E ITION FOR WHICH DE INJURY M. MONTH DA M.	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YI IN CERT Y URY IN ITEM 18	ES, WERE FINDII	NGS USED S OF DEATH?
	- 1	UNDERLYING COUSE PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCURI	I lost. NIFICANT CO TION DERLYING CAUSE OF DEAT CAL EXAMINER) RED HILE (III ho policy of the	ONDITIONS CI	ONTRIBUTING ID. C. OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATIO AY YEAR	N WAS PERFORMED	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN)	20b. IF YI IN CERT Y URY IN ITÉM 18	ES, WERE FINDING CAUSES (ES)	NGS USED OF DEATH? NO STATE
	- 1	UNDERLYING COUSE PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNIT OR CONTRIBUTING (IF ETIMER NOTIFY MEDI 21d INJURY OCCUR! WHILE NOTIFY MEDI 22a.1 certify that (I) sow the decease	I lost. NIFICANT CO TION DERLYING CAUSE OF DEAT CAL EXAMINER) RED HILE HILE HILE HILE HILE HILE HILE HIL	ONDITIONS CI	ONTRIBUTING ID. C. OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATIO	21c. HOW INJURY OCCURI	200 AUTOPSY? YES NO CITY OF TO THE PROPERTY OF	20b. IF YI IN CERT YOURY IN ITEM 18	ES, WERE FINDING CAUSES (ES	NGS USED S OF DEATH? NO STATE that (I) (we) lo
	MEDICAL	UNDERLYING COUSE PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNIT OR CONTRIBUTING COUNT (IF EITHER NOTHY MEDIT AT WORK NOT WHAT WORK AT WO 22a. I certify that (1) sow the decesse obove, (1) (we)	DERLYING CAUSE OF DEAT CAL EXAMINER) RED HILE RE	IPE COND IPE CO	ONTRIBUTING ID CONTRIBUTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, FACTORY	OPERATIO APPLICATION APPLICAT	21c. HOW INJURY OCCURI	200 AUTOPSY? YES NO CITY OF INJ CITY OF IT ABOUT A CITY OF IT ABOUT A CITY OF IT DIRECTOR PHYSI	20b. IF YI IN CERT YOURY IN ITEM 18 OWN AFF	ES, WERE FINDING CAUSES (ES DEPART OR PART 2) LE PART OR PART 2) COUNTY COUNTY 22c DATE 8-24	NGS USED OF DEATH? NO that (I) (we) lo couses stated SIGNED -87
7	WEDICAL MEDICAL	UNDERLYING COUSE PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCURT AT WORK NOT WHAT WORK 22a.1 certify that (I) Sow the decease obove, (I) (we) (1) 22b. SIGNATURE	DERLYING CAUSE OF DEAT CAUSE O	IPE COND IPE CO	ONTRIBUTION TO DE INJURY M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE, FA Office depth. Bel Air R ton Md. 2 23c N	OPERATIO APPLICATION APPLICAT	N WAS PERFORMED 21c. HOW INJURY OCCURI 211. LOCATION SIMILE 10 10 10 10 10 10 10 10 10 1	200 AUTOPSY? YES NO CITY OF INJ CITY OF IT ABOUT A CITY OF IT ABOUT A CITY OF IT DIRECTOR PHYSI	20b. IF YI IN CERT YOURY IN ITEM 18 OWN AFF	ES, WERE FINDING CAUSES (ES DEPART OR PART 2) LE PART OR PART 2) COUNTY COUNTY 22c DATE 8-24	NGS USED OF DEATH? NO that (I) (we) lo couses stated SIGNED -87

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

MPORTANT: If them 21 is marked at them to those payinjury, or other troumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

Same Market Emme of commentered Constitut 1221 Frailing